


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90029 034 ****70.00

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1. Entity Name
WEST POINT SOCIETY OF THE PALM BEACHES AND TREASURE COAST, INC.



Principal Place of Business
**6526 VIA VICENZA
 DELRAY BEACH, FL 33446**

Mailing Address
**6526 VIA VICENZA
 DELRAY BEACH, FL 33446**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0635550

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00000111



6. Name and Address of Current Registered Agent

**GREEN, DR LEWIS E
 6526 VIA VICENZA
 DELRAY BEACH, FL 33446**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GREEN, LESLIE E 6256 VIA VICENZA DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BLAKE, JAMES E HR 2358 SUNDERLAND AVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BLAKE, JAMES W.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DEWNEY, WALTER D 227 RIVER DRIVE TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DOWNEY, WALTER D.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MERGES, GEORGE J 7857 C LEXINGTON CLUB BLVD DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DONALD D. JACOBOWITZ 253 E. KALMA DR. LAICE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, DAVID E 306 XANADU PLACE JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASMUSSEN, SHAWN A 5761 TURNWOOD COURT JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James W. Blake* **TREASURER** **1/22/06 (561) 968-9102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daying Photo #