

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000554

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6613 SAND CITY WAY  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

6613 SAND CITY WAY  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 20-0635550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, DR LEWIS E  
6613 SAND CITY WAY  
DELRAY BEACH, FL 33446      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: GREEN, LESLIE E  
Address: 6613 SAND CITY WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T ( ) Delete  
Name: BLAKE, JAMES W  
Address: 2358 SUNDERLAND AVE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: MERRIAM, JOCK C  
Address: 153 OAKWOOD LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: CERUTI, MICHAEL H  
Address: 194 LONE PINE DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S/D ( ) Delete  
Name: HURLEY, DAVID E  
Address: 306 XANADU PLACE  
City-St-Zip: JUPITER, FL 33477

Title: V/D ( ) Delete  
Name: FADDEN, DENNIS L  
Address: 2048 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. BLAKE

T

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date