

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 014 ****61.25

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1. Entity Name
PALM BEACH COIN CLUB, INC.



Principal Place of Business
**1730 S. CONGRESS AVE.
WEST PALM BEACH, FL 33466**

Mailing Address
**1730 S. CONGRESS AVE.
WEST PALM BEACH, FL 33466**



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
09-5243690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWICER, TONY
1730 S. CONGRESS AVE.
WEST PALM BEACH, FL 33466**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWICER, TONY 3780 RAMBLEWOOD CT. GREENACRES, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUCLOS, REGENT 1730 S. CONGRESS AVE. WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELESHEWICH, PAUL 81 LOQUAT TREE DR. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOW, CHARLOTTE 2309 MASTERPIECE WAY PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOW, ED 2309 MASTERPIECE WAY PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, RICK 4225 ROYAL OAK DR. PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #