


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 042 ****61.25

DOCUMENT # N05000012783					
1. Entity Name PALM BEACH COUNTY WOODTURNERS, INCORPORATED					
Principal Place of Business 1645 PALM BEACH LAKES BLVD. SUITE 450 WEST PALM BEACH, FL 33401			Mailing Address 1645 PALM BEACH LAKES BLVD. SUITE 450 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292007 Chg-NP CR2E037 (12/06)	
4. FEI Number APPLIED FOR 83-0442631				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSO, JOHN N ESQ. 1645 PALM BEACH LAKES BLVD. SUITE 450 WEST PALM BEACH, FL 33401			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: <u>John N. Buso</u> DATE: <u>APR 29 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D NAME ROSENCRANTZ, BRIAN STREET ADDRESS 11384 56TH PLACE NORTH CITY-ST-ZIP ROYAL PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME CARTER, TIM STREET ADDRESS 401 NE 18TH STREET CITY-ST-ZIP DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME JEFFREY RADER STREET ADDRESS 401 NE 18TH STREET CITY-ST-ZIP DELRAY BEACH FLORIDA 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME CAESAR, BERNARD STREET ADDRESS 2935 NE 7TH DRIVE CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GRUNTWAGIN, AL STREET ADDRESS 100 LAKESHORE DRIVE #458 CITY-ST-ZIP NORTH PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME BUSO, JOHN N STREET ADDRESS 1645 PALM BEACH LAKES BLVD. #450 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BRULOTTE, ROBERT STREET ADDRESS 26 NE 11TH WAY CITY-ST-ZIP DEERFIELD BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME EDWARD McDONNELL STREET ADDRESS 11330 NW 68TH CT CITY-ST-ZIP PARKLAND, FLORIDA	<input type="checkbox"/> Change <input checked="" 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: <u>John N. Buso</u> Date: <u>APR 29 2007</u> Daytime Phone #: <u>561-689-5900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					