

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05887

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** THE CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 S CONGRESS AVE  
SUITE I-C  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S CONGRESS AVE  
SUITE 1-C  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

**FEI Number:** 59-2469338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILLEY, DONALD V  
860 U.S. HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH, FL 33408 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: SD ( ) Delete  
Name: PETRUCCI, BEATRICE  
Address: 204 FOXTAIL DR., #G2  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD ( ) Delete  
Name: DITTMYRE, ROBERT  
Address: 209 FOXTAIL DR. #H2  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD ( ) Delete  
Name: AIKEN, RICHARD  
Address: 343 LAIRD PONDS RD  
City-St-Zip: PLAINFIELD, VT 05667

Title: D ( ) Delete  
Name: HOLDBERG, PETER L  
Address: 207 FOXTAIL DR #H2  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: SD ( ) Delete  
Name: JONES, ANDREA  
Address: 205 FOXTAIL DR #C2  
City-St-Zip: WEST PALM BEACH, FL 33415 US

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

Title: TD (X) Change ( ) Addition  
Name: PETRUCCI, BEATRICE  
Address: 204 FOXTAIL DR., #G2  
City-St-Zip: WEST PALM BEACH, FL 33415

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

Title: VP (X) Change ( ) Addition  
Name: AIKEN, RICHARD  
Address: 343 LAIRD PONDS RD  
City-St-Zip: PLAINFIELD, VT 05667

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 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: ROBERT DITTMYRE

PD

03/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date