

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07092

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** INDEPENDENT INSURANCE AGENTS OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

525 W. LANTANA ROAD  
LANTANA, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

525 W. LANTANA ROAD  
LANTANA, FL 33462 US

**New Mailing Address:**

P.O. BOX 2257  
WEST PALM BEACH, FL 33416 US

**FEI Number:** 59-1269022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORBERG, ROBERT  
525 W. LANTANA ROAD  
LANTANA, FL 33462 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  
Name: NORBERG, ROBERT  
Address: 525 W. LANTANA ROAD  
City-St-Zip: LANTANA, FL 33462 US

Title: T  
Name: SANFORD, DAVID L  
Address: 1080 EAST INDIANTOWN ROAD SUITE 204  
City-St-Zip: JUPITER, FL 33477 US

Title: VP  
Name: SENA, JOHN M  
Address: 190 GLADES ROAD STE.C-2  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D  
Name: ROLLINS, ROB  
Address: 6001 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID SANFORD

T

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date