

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90301 016 \*\*\*\*61.25

DOCUMENT # N07592

1. Entity Name  
PALM BEACH ECONOMIC CRIME UNIT, INC.



Principal Place of Business  
% MICHAEL A LAMPERT  
2161 PALM BEACH LAKES BLVD., SUITE 304  
WEST PALM BEACH, FL 33409-3612

Mailing Address  
PALM BEACH ECONOMIC CRIME UNIT  
P.O. BOX 16382  
WEST PALM BEACH, FL 33416 US

40088003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2542989

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMPERT, MICHAEL, A, ESQ  
2161 PALM BEACH LAKES BLVD  
SUITE 304  
WEST PALM BEACH, FL 33409

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

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 September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 CS  
NAME MCCAULEY, T J DET  
STREET ADDRESS 600 BANYAN BLVD  
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☐ Delete

TITLE VP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DP  
NAME MAYHEW, BRYAN  
STREET ADDRESS 2400 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☒ Delete

TITLE STEVEN BRIGNOLA  
NAME  
STREET ADDRESS 3111 S DIKIE Highway # 302  
CITY-ST-ZIP WEST PALM BEACH, FL 33405 ☐ Change ☒ Addition

TITLE DT  
NAME ENGSTROM, JOYCE  
STREET ADDRESS 319 LAKE AVENUE  
CITY-ST-ZIP LAKE WORTH, FL 33460 ☐ Delete

TITLE CS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DV  
NAME DE ROCHER, DONNA  
STREET ADDRESS 2226 S CONGRESS AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406 ☐ Delete

TITLE P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SAD  
NAME CHATMAN, JAMES DET  
STREET ADDRESS 600 BANYAN BLVD  
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE RST  
NAME LANPHER, LUCILLE  
STREET ADDRESS 2458 METROCENTER BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: STEVEN C. BRIGNOLA *Steven C. Brignola* 5/1/06 561 837-5233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #