


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90004 004 ****61.25

DOCUMENT # N08906					
1. Entity Name F.D.N.Y. RETIREES, INC., PALM BEACH COUNTY DIVISION					
Principal Place of Business 8530 WHITE EGRET WAY LAKE WORTH, FL 33467			Mailing Address 8530 WHITE EGRET WAY LAKE WORTH, FL 33467		
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	4. FEI Number 59-2589292	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDONALD, DAVID C. 8530 WHITE EGRET WAY LAKE WORTH, FL 33467			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 P NAME SIMMS, RAYMOND STREET ADDRESS 7355 FALLS ROAD WEST CITY-ST-ZIP BOYNTON BEACH, FL 334376311	<input checked="" type="checkbox"/> Delete		TITLE P NAME VICTOR H. ABBOTT STREET ADDRESS 440 KELSEY PARK DR CITY-ST-ZIP PALM BEACH GARDENS, FL 33410-4512	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME ABBOTT, VICTOR STREET ADDRESS 440 KELSEY PARK DRIVE CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE V NAME JAMES J. LYNCH STREET ADDRESS 610 HORIZONS EAST, #311 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME MCDONALD, DAVID C STREET ADDRESS 8530 WHITE EGRET WAY CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME CUCCIO, MICHAEL V STREET ADDRESS 4740 D NW 3RD ST CITY-ST-ZIP DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME KURTZ, RICHARD STREET ADDRESS 1221 SW 26TH AVENUE CITY-ST-ZIP BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME CLARKE, ANDREW STREET ADDRESS 770 HORIZONS EAST #206 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input 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>VICTOR H. ABBOTT Pres.</u> <u>2/9/08</u> <u>561-626-9848</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					