2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12763

FILED Jan 25, 2005 Secretary of State

Entity Name: MARINE INDUSTRIES ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:			iess:	New Princ	New Principal Place of Business:		
	NADA ROAD LM BEACH, FL	. 33401	US				
Current Mailing Address:				New Maili	New Mailing Address:		
P.O. BOX WEST PA	7597 LM BEACH, FL	. 33405	US				
FEI Number	: 59-2834931	FEI Num	ber Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	d Address of C	urrent R	egistered Agent:	Name and	Address of New Registered Agent:		
349 GRAN WEST PA	VE DIRECTOR NADA ROAD ILM BEACH, FL	. 33401 เ					
	e named entity s e of Florida.	submits th	is statement for the p	ourpose of changing i	ts registered office or registered agent, or bo		
SIGNATUI	RE:						
	Electror	ic Signatı	ure of Registered Age	ent	Date		
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECT		
Title: Name: Address: City-St-Zip:	P () DANIELLO, LO 10456 RIVERS PALM BEACH (IDE DR	FL	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PPD () MURRAY, JOSI 505 S FLAGLE WEST PALM B	R DRIVE #1		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PPD () MURPHY, MAR PO BOX 3751 WEST PALM B		33402	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () ISIMINGER, CH 649 US HWY 1 N PALM BEACH	, STE #9	3	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	S () YEARGIN, WIL 4206 N FLAGLI WEST PALM B	ER DR	33407	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () IILDERLAND, A 1509 AVE C WEST PALM B		33404	Title: Name: Address: City-St-Zip:	T (X) Change () Addition TOLDERLUND, AMY 1509 AVE C WEST PALM BEACH, FL 33404		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALISON PRUITT ED 01/25/2005