

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22234

FILED  
May 31, 2006  
Secretary of State

**Entity Name:** PALM BEACH DRESSAGE DERBY, INC.

**Current Principal Place of Business:**

NO. 10 CYPRESS GROVE LANE  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1420 S. LIVERNOIS  
ROCHESTER, MI 48307 US

**New Mailing Address:**

**FEI Number:** 59-2028259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCPHAIL, WALTER S  
50 BLOSSOM WAY  
PALM BEACH, FL 33480 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: DP ( ) Delete  
Name: MCPHAIL, MARY ANNE  
Address: 50 BLOSSOM WAY  
City-St-Zip: PALM BEACH, FL 33480 US

Title: DS ( ) Delete  
Name: MCPHAIL, WALTER S  
Address: 50 BLOSSOM WAY  
City-St-Zip: PALM BEACH, FL 33480 US

Title: DT ( ) Delete  
Name: SCERBO, FRANK  
Address: 1144 BROOKWOOD  
City-St-Zip: BIRMINGHAM, MI 48009

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

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

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: FRANK A. SCERBO

DT

05/31/2006

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

\_\_\_\_\_  
Date