

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25234

FILED
Feb 27, 2008
Secretary of State

Entity Name: THE EXECUTIVES' ASSOCIATION OF THE PALM BEACHES, INC.

Current Principal Place of Business:

349 GRANADA RD.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7472
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0067948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUITT, ALISON
349 GRANADA ROAD
WEST PALM BEACH, FL 33401 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: D () Delete
Name: TRIBBLE, MARK
Address: 7435 CENTRAL INDUSTRIAL DRIVE, STE A
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PP () Delete
Name: COATES, LESLIE ALLEN
Address: 600 SANDTREE DR. #106
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: P () Delete
Name: STAGGS, VALERIE
Address: 6107 SOUTH DIXIE HWY, STE 1
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: BLASH, TOM
Address: 2119 CONGRESS AVE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BALLING, TOM
Address: 7900 S.E. BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

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

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

Title: VP () Change (X) Addition
Name: HARRISON, HINE
Address: 19038 POINT DRIVE
City-St-Zip: TEQUESTA, FL 33489

I hereby certify that the information supplied with this filing does not qualify 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: TOM BALLING

P

02/27/2008

Electronic Signature of Signing Officer or Director

Date