

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32470

FILED
Mar 24, 2009
Secretary of State

Entity Name: PALM BEACH COUNTY OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

1320 FISHERS PLACE
GREENACRES, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

1320 FISHERS PLACE
GREENACRES, FL 33413 US

New Mailing Address:

FEI Number: 65-0250887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALM BEACH COUNTY OFFICIALS ASSN, INC.
1320 FISHERS PLACE
GREENACRES, FL 33413 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: P () Delete
Name: BLACK, RUSS
Address: 1320 FISHERS PLACE
City-St-Zip: GREENACRES, FL 33413

Title: VP () Delete
Name: FRANCIS, JOSEPH
Address: 1934 MONKS COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD () Delete
Name: SOTOLOFF, STEVEN
Address: 10473 LAKE VISTA CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete
Name: GUILIANI, EDWARD
Address: 1109 GREEN PINE BLVD., APT. E-1
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ASRD () Delete
Name: GERSHBERG, LESLIE
Address: 5960 BANANA ROAD
City-St-Zip: WEST PALM BEACH, FL 33413

Title: ASRD () Delete
Name: GOLDENBERG, LEON
Address: 3038 QUANTUM LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: SCHWARTZ, ARNOLD
Address: 7167 BOSCANNI DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

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 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: ARNOLD SCHWARTZ

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date