

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N33144

1. Entity Name
WEST PALM BEACH ADVERTISING POOL, INC.



FILED
08 OCT -3 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2973 SE FEDERAL HWY
STUART, FL 34994 US

Mailing Address
2973 SE FEDERAL HWY
STUART, FL 34994 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0206361

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTAGATA, JOHN
2973 S FEDERAL HWY
STUART, FL 34994

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME PTD
SANTAGATA, JOHN Delete
STREET ADDRESS 2973 S FEDERAL HIGHWAY
CITY-ST-ZIP STUART, FL 34994

TITLE NAME JAMES BOATWRIGHT PTO Change Addition
STREET ADDRESS 3426 S MILITARY TRAIL
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE NAME VSD
SAMPSON, KEVIN Delete
STREET ADDRESS 1801 W ATLANTIC AVE #C2
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE NAME USD Change Addition
STREET ADDRESS HONOWITZ, ANITA
CITY-ST-ZIP 3824 S US1 FT. PIERCE, FL 34982

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS 300136690613
CITY-ST-ZIP 10/07/08--01016--006 **70.00

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Boatright
James Boatright President 10/1/08 561 965 6229