

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N38378

1. Entity Name

PALM BEACHES OF FLORIDA-CHAPTER 99 OF THE
NATIONAL ASSOCIATION OF WATCH AND CLOCK
COLLECTORS, IN



Principal Place of Business

372 HAMMOCKS TRAIL
WEST PALM BEACH, FL 33413 US

Mailing Address

372 HAMMOCKS TRAIL
WEST PALM BEACH, FL 33413 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2343557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAENGER, DANIEL J
372 HAMMOCKS TRAIL
WEST PALM BEACH, FL 33413

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

**Filing Fee is \$81.25
Due by May 1, 2006**

**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

T LEAVITT, ROBERT G.
8032 155TH PLACE N.
PALM BCH GRDNS, FL

Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

T GAENGER, ROCHELLE
372 HAMMOCKS TRAIL
WEST PALM BEACH, FL 33413

Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

D GAENGER, DANIEL J
372 HAMMOCKS TRAIL
WEST PALM BEACH, FL 33413

Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

P SILVER, ARTHUR
6407 LONE KEY LANE
BOYNTON, FL 33434

Delete

P
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

T
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

T
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Robert S.*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/06 561-968-38521

01-20-2006 90026 030 ****61.25

**FILED
Jan 20, 2006 8:00 am
Secretary of State**