


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90200 004 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2343557	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAENGER, DANIEL J 372 HAMMOCKS TRAIL WEST PALM BEACH, FL 33413				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY-ST-ZIP	D LEAVITT, ROBERT G. 8032 155TH PLACE N. PALM BCH GRDNS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bernat, Stephen 8150 Bellafiore way Boynton Beach, FL 33457	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAENGER, ROCHELLE 372 HAMMOCKS TRAIL WEST PALM BEACH, FL 33413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Targatt, Tom 6757 Turtle Point Drive Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAENGER, DANIEL J 372 HAMMOCKS TRAIL WEST PALM BEACH, FL 33413		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCANLAY, KEVIN 2013 NW 3RD AVENUE DELRAY BEACH, FL 33444		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Rochelle Gaenger</i> Rochelle Gaenger, Treasurer 1/16/07 561-968-3454 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					