2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

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	Mailing Address
372 HAMMOCKS TRAIL WEST PALM BEACH, FL 33413 US	372 HAMMOCKS TRAIL WEST PALM BEACH, FL 33413 US

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000777476
01/10/08-80010-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERNAT, STEPHAN
STREET ADDRESS	8150 BELLAFIORE WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T
NAME	GAENGER, ROCHELLE
STREET ADDRESS	372 HAMMOCKS TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	TARGOTT, TOM
STREET ADDRESS	6757 TURTTLE POINT DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	P
NAME	SCANLAY, KEVIN
STREET ADDRESS	2013 NW 3RD AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #