


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

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N39482	
1. Entity Name NORTH PALM BEACH AQUATIC FOUNDATION, INC.	

Principal Place of Business 100 FATHOM RD NORTH PALM BEACH, FL 33408 US	Mailing Address 951 US HWY 1 NORTH PALM BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



02262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0227820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVANA, RICHARD E
100 FATHOM ROAD
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100001456047 03/22/06-00060-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAVANA, RICHARD E 100 FATHOM ROAD N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIRRE, ALFONSO 43388 HAZEL AVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCILVAINE, JOELLEN 706 LAKESIDE CIR NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANA, SANDRA 100 FATHOM ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELHARDT, JOHN 101 N ANCHORAGE DR NORTH PALM BEACH, FL 33408
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: Richard E. Cavanaugh (RICHARD CAVANA) 3/11/06 561-691-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #