

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 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



02022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0227820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVANAH, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000817888
02/15/08-80021-010 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | PTD |
| NAME | CAVANAH, RICHARD E |
| STREET ADDRESS | 100 FATHOM ROAD |
| CITY-ST-ZIP | N PALM BEACH, FL 33408 |
| TITLE | D |
| NAME | AGUIRRE, ALFONSO |
| STREET ADDRESS | 43388 HAZEL AVE |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | D |
| NAME | MCILVAINE, JOELLEN |
| STREET ADDRESS | 706 LAKESIDE CIR |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | D |
| NAME | CAVANAH, SANDRA |
| STREET ADDRESS | 100 FATHOM ROAD |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | D |
| NAME | ENGELHARDT, JOHN |
| STREET ADDRESS | 101 N ANCHORAGE DR |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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

2/2/08

Date

(561) 691-3427

Daytime Phone #