


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N41066</b><br><b>1. Entity Name</b><br><b>THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNTY, INC.</b> |  |
|---|---|

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|--|--|
| <b>Principal Place of Business</b><br>13104 MEADOWBREEZE DRIVE<br>WELLINGTON, FL 33414 | <b>Mailing Address</b><br>13104 MEADOWBREEZE DRIVE<br>WELLINGTON, FL 33414 |
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01072006 No Chg-NP CR2E037 (11/05)

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| <b>4. FEI Number</b><br>65-0230310 | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>MADES, A J<br>13104 MEADOWBREEZE DR<br>WELLINGTON, FL 33414 |
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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, 2006**

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

| 10. OFFICERS AND DIRECTORS   |  |
|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | T<br>MADES, HOWARD H MR<br>13104 MEADOW BREEZE DR<br>WELLINGTON, FL 334142437      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | P<br>FOGELMAN, WILLIAM MR BILL<br>1 HARBOR SIDE DRIVE<br>WEST PALM BEACH, FL 33415 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | D<br>SCHOLINE, LUCY MRS<br>10129 41ST DRIVE #191<br>BOYNTON BCH, FL 33435          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |  |

1010000349728  
01/20/06-80059-009 61.25

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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:** Howard Made **HOWARD MADES** 1/13/06 **(561) 333-9088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #