

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 032 ****61.25

DOCUMENT # N44936

1. Entity Name
PALM BEACH UNDERWATER HOCKEY CLUB, INC.



Principal Place of Business
**373 MAGNOLIA DRIVE
JUPITER, FL 33458 US**

Mailing Address
**373 MAGNOLIA DRIVE
JUPITER, FL 33458 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0286929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURGEON, SCOTT G TREASUR
373 MAGNOLIA DRIVE
JUPITER, FL 33458**

Name

Ben Martin III

Street Address (P.O. Box Number is Not Acceptable)

1133 Mourning Dove Ln

City

Wellington

FL

Zip Code

33414

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 name of registered agent and title (if applicable)

Ben Martin

VP

4/30/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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 STATE ZIP
**PRES
ANTINORI, MICHAEL
714 PALMETTO STREET
WEST PALM BEACH, FL 33405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY STATE ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY STATE ZIP
**VP
MARTIN, BEN
1133 MOURNING DOVE LANE
WELLINGTON, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY STATE ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY STATE ZIP
**TREA
TURGEON, SCOTT G
373 MAGNOLIA DRIVE
JUPITER, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY STATE ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben Martin

4/30/07

DATE

Register - F-1206-07