

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47433

1. Corporation Name

PALM BEACH MACINTOSH USER GROUP, INC.

Principal Place of Business

P. O. BOX 21122
WEST PALM BEACH FL 33416

Mailing Address

P.O. BOX 21122
WEST PALM BEACH FL 33416-1122
US

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90010 017 *****61.25

04-25-1999 90010 018 *****8.75



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

02/17/1992

4. FEI Number

65-0319543

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRIMES, JAMES P
17101 HAYNIE LANE
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name **Bill Stander**
82 Street Address (P.O. Box Number is Not Acceptable)
7699 E Country Club Blvd
83
84 City **Boca Raton** FL 85 Zip Code **33487-1501**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bill Stander President*

4/01/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **TD ELLIS, BRUCE A**
STREET ADDRESS **400 NORTHLAKE CT #101**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE
NAME **SD TERRIAULT, ARDEN**
STREET ADDRESS **229 RIDGE ROAD**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☒ DELETE
NAME **PD ELLIS, JOAN T**
STREET ADDRESS **400 NORTHLAKE CT #101**
CITY-ST-ZIP **NORTH PALM BEACH FL 33409**

TITLE ☐ DELETE
NAME **VPD STANDER, BILL**
STREET ADDRESS **7474 NE 8 CT**
CITY-ST-ZIP **BOCA RATON FL 33487-1714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Emalee Andre**
1.3 STREET ADDRESS **11974 S. EDGEWATER DR**
1.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VBA** ☒ Change ☒ Addition
3.2 NAME **Thomas J. Casey III**
3.3 STREET ADDRESS **10279-3 RIVER WALK LANE**
3.4 CITY-ST-ZIP **JUPITER FL 33458**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **Stander, Bill**
4.3 STREET ADDRESS **7699 E Country Club Blvd**
4.4 CITY-ST-ZIP **Boca Raton FL 33487-1501**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Stander President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/99

561-692-5341

Date

Daytime Phone #

CR2E037 (11/98)

0042650