

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90020 019 ****61.25

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| DOCUMENT # N47433 | | | | | |
| 1. Entity 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. | | |
| 2. Principal Place of Business PO Box 21122 Suite, Apt. #, etc. | | 3. Mailing Address PO Box 21122 Suite, Apt. #, etc. | | | |
| City & State West Palm Beach, FL Zip: 33416-1122 Country: US | | City & State West Palm Beach, FL Zip: 33416-1122 Country: US | | 4. FEI Number 65-0319543 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MARTIN, TERRY E 2780 WORCESTER RD LANTANA, FL 33462 | | | 7. Name and Address of New Registered Agent Name: Gary E. Kampel Street Address (P.O. Box Number is Not Acceptable): 15115 Michelangelo Blvd Apt 106 City: Delray Beach FL Zip Code: 33446-6014 | | |
| 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: Gary E. Kampel, President 01/27/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRIMES, JAMES 17101 HAYNIE LANE JUPITER, FL 33478 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Gary E. Kampel 15115 Michelangelo Blvd Apt 106 Delray Beach FL 33446-6014 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TOCHNER, MAX 885 FATHOM ROAD NORTH PALM BEACH, FL 33408 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D John T. Mitchell 801 Lake Shore Dr Apt 807 Lake Park FL 33403-2933 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SELNICK, MURRAY 3295 JOG PARK DR. GREENACRES, FL 33467 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Bill Stander 7699 E Country Club Blvd. Boca Raton FL 33487-1501 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BOAL, RUTH 1210 CRESTWOOD BLVD. LAKE WORTH, FL 33460 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D RUTH C. BOAL 258 Rutland Blvd West Palm Beach FL 33405-5034 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 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: Gary E. Kampel 01/27/04 61-638-4233 <small>SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |