2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State
07-17-2006 90136 027 ****61.25

DOCUMENT # N47433

1. Entity Name
PALM BEACH MACINTOSH USER GROUP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21122 WEST PALM BEACH, FL 33416-1122	P.O. BOX 21122 WEST PALM BEACH, FL 33416-1122 US

07032006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0319543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAMPEL, GARY E
~~15115 MICHELANGELO BLVD.~~
~~APT. 106~~
DELRAY BEACH, FL 33446~~-6014~~

7. Name and Address of New Registered Agent

Name Kampel, Gary E.
Street Address (P.O. Box Number is Not Acceptable) 330 Brittany G.
City Delray Beach FL Zip Code 33446

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 _____ 7/10/06
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 September 6, 2006

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-ST-ZIP	PD KAMPEL, GARY E 15115 MICHELANGELO BLVD., APT. 106 DELRAY BEACH, FL 334466014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/ Director Kampel, Gary E. 330 Brittany G Delray Beach, FL 33446	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COLE, ANDREW 1531 DREXEL ROAD, LOT 232 WEST PALM BEACH, FL 33417	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STANDER, BILL 7699 E COUNTRY CLUB BLVD. BOCA RATON, FL 334871501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHERIDAN, NANCY A 5908 CATESBY STREET BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer / Director	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAHE, BRIAN 42 UNO LAGO DRIVE JUNO BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Director Bahe, Brian 1008 Ocean Dunes Circle Jupiter, FL 33477	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, JERRY 103 LUCERNE AVENUE LAKE WORTH, FL 33460	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Nancy A. Sheridan Nancy A. Sheridan 7/10/06 561-620-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #