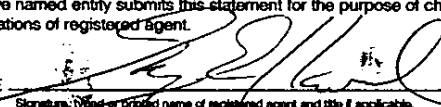


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 P.O. BOX 21122 WEST PALM BEACH, FL 33416-1122			Mailing Address P.O. BOX 21122 WEST PALM BEACH, FL 33416-1122 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAMPEL, GARY E 15115 MICHELANGELO BLVD. APT. 108 DELRAY BEACH, FL 33446-6614				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  Signature, typed or printed name of registered agent and title if applicable.				DATE 7/10/06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 8, 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	PD	☐ Delete	TITLE	President / Director ☐ Change ☐ Addition	
NAME	KAMPEL, GARY E		NAME	Kampel, Gary E.	
STREET ADDRESS	15115 MICHELANGELO BLVD., APT. 108		STREET ADDRESS	330 Brittany G	
CITY-ST-ZIP	DELRAY BEACH, FL 334466014		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	VD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLE, ANDREW		NAME		
STREET ADDRESS	1531 DREXEL ROAD, LOT 232		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	Director ☐ Change ☐ Addition	
NAME	STANDER, BILL		NAME		
STREET ADDRESS	7699 E COUNTRY CLUB BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 334871501		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	Secretary / Treasurer / Director ☐ Change ☐ Addition	
NAME	SHERIDAN, NANCY A		NAME		
STREET ADDRESS	5908 CATESBY STREET		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	Vice President Director ☐ Change ☐ Addition	
NAME	BAHE, BRIAN		NAME	Bahe, Brian	
STREET ADDRESS	42 UNO LAGO DRIVE		STREET ADDRESS	1008 Ocean Dunes Circle	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	KELLER, JERRY		NAME		
STREET ADDRESS	103 LUCERNE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
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 #					