



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 043 ****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 - No P.O. Box # P O Box 32971		3. Mailing Address P O Box 32971			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04162008 Chg-NP CR2E037 (12/06)	
City & State Palm Beach Gardens		City & State Palm Beach Gardens		4. FEI Number 65-0319543	
Zip 33420		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAMPEL, GARY E 330 BRITTANY G DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Brian Bahe Street Address (P.O. Box Number is Not Acceptable) 1008 Ocean Dunes Circle City Jupiter FL 33477			
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 <u><i>Brian Bahe</i></u> 4/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PE KAMPEL, GARY E 330 BRITTANY G DELRAY BEACH, FL 334466014	<input checked="" 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	MAL STANDER, BILL 7899 E COUNTRY CLUB BLVD. BOCA RATON, FL 334871501	<input checked="" 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	T SHERIDAN, NANCY A 5908 CATESBY STREET BOCA RATON, FL 33433	<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	P BAHE, BRIAN 1008 OCEAN DUNES CIR JUPITER, FL 33477	<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	VP BAHE, RUSSEL 1008 OCEAN DANES CIRCLE JUPITER, FL 33477	<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	S HAWK, DUANE 6084 FOREST HILL BLVD WEST PALM BEACH, FL 334156243	<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 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: <u>N-A Sheridan</u> N-A. Sheridan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>561-620-8955</u> <small>Daytime Phone #</small>		