2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90041 033 ****61.25

DOCUMENT # N94000004653

1. Entity Name
CODE ENFORCEMENT OFFICERS ASSOCIATION OF PALM BEACH COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 19062 WEST PALM BEACH, FL 33416-9062	POST OFFICE BOX 19062 WEST PALM BEACH, FL 33416-9062

03232005 Chg-NP CR2E037 (10/03)

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 65-0886077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAUSERMAN, MICHAEL J 100 AUSTRALIAN AVE WEST PALM BEACH, FL 33406	Name Jackson, Kenneth E Street Address (P.O. Box Number is Not Acceptable) 100 Australian Ave City West Palm Beach FL Zip Code 33406

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 Kenneth Jackson Jackson, Kenneth E 3/23/2005
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 May 1, 2005

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 HAUSERMAN, MICHAEL J 100 AUSTRALIAN AVE WEST PALM BEACH, FL 33406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jackson, Kenneth E 100 Australian Ave West Palm Beach, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JACKSON, KENNETH E 100 AUSTRALIAN AVE WEST PALM BEACH, FL 33406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Bruscell, Michael 645 Prosperity Farms Rd North Palm Beach, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCDOUGAL, CYNTHIA S 100 AUSTRALIAN AVE WEST PALM BEACH, FL 33406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Miller, Lorraine 100 Australian Ave West Palm Beach, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HANDLEY, GEOFF 7 N. DIXIE HWY LAKE WORTH, FL 33406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Page, Signe 100 Australian Ave West Palm Beach, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Kenneth Jackson Jackson, Kenneth E 3/23/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #