

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90116 028 ****61.25

0037289

DOCUMENT # N94000004653

1. Entity Name

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



Principal Place of Business

POST OFFICE BOX 19062
WEST PALM BEACH FL 33416-9062

Mailing Address

POST OFFICE BOX 19062
WEST PALM BEACH FL 33416-9062

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

CHECK HERE IF MAKING CHANGES



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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Michael J. Hauserman

4-15-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	HAUSERMAN, MICHAEL J	
STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACKSON, KENNETH E	
STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDUGAL, CYNTHIA S	
STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANDLEY, GEOFF	
STREET ADDRESS	7 N. DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael J. Hauserman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 2335297

CR2E037 (10/02)