

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90021 029 ****61.25

DOCUMENT # N95000002588

1. Entity Name
PALM BEACH BUSINESS ASSOCIATES, INC.



Principal Place of Business
**14243 US HIGHWAY ONE
JUNO BEACH, FL 33408**

Mailing Address
**4521 PGA BLVD
PMB 144
PALM BEACH GARDENS, FL 33418**

50055171



06092005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0591329

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHANEL, GLENN
14243 US HIGHWAY ONE
JUNO BEACH, FL 33408**

7. Name and Address of New Registered Agent

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

[Signature]

6-10-05

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 7, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHANSEN, GAY	
STREET ADDRESS	14257 US HWY 1	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME	LIEBMAN, HARVEY	
STREET ADDRESS	1264 N MILITARY TR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SCHANEL, GLENN	
STREET ADDRESS	14243 US HIGHWAY ONE	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAHMATALLA, AHMED	
STREET ADDRESS	912 AUGUSTA POINTE	
CITY-ST-ZIP	PALM BEACH GRDNS, FL 33418	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	INNERST, LISA	
STREET ADDRESS	24 N LOXAHATCHEE DR. #3	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FALCIANO, CAROL	
STREET ADDRESS	2000 PGA BLVD, #3110	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC A. WEINBERG	
STREET ADDRESS	421 NORTHLAKE BLVD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL D. SMITH	
STREET ADDRESS	PO BOX 33712	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33420	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM SHEEHAN	
STREET ADDRESS	8295 N MILITARY TRAIL	
CITY-ST-ZIP	WPA, FL 33409	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID FALK	
STREET ADDRESS	133 N US HIGHWAY ONE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
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:

[Signature] **Treasurer**

6.10.05 (561) 626-9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #