2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004893

FILED Jan 05, 2005 Secretary of State

Entity Name: THE PALM BEACH POST SEASON TO SHARE FUND, INC.

Current Principal Place of Business:				New Prin	New Principal Place of Business:			
	TH DIXIE HWY _M BEACH, FL							
Current Mailing Address:				New Mail	New Mailing Address:			
	TH DIXIE HWY _M BEACH, FL							
FEI Number:	65-0623649	FEI Number App	ied For()	FEI Number Not App	olicable ()	Certificate of Status Desire	ed ()	
Name and	Address of C	urrent Register	ed Agent:	Name and	d Address o	of New Registered Agent:		
	, GALE G TH DIXIE HWY _M BEACH, FL							
	named entity s of Florida.	submits this state	ment for the p	ourpose of changing	its registere	d office or registered agent,	or both,	
SIGNATUF	RE:							
Electronic Signature of Registered Agent				ent		Date		
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HOWDEN, GAL 2751 SOUTH D			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TUCKWOOD, J. 2751 SOUTH D			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	SEARS, EDWA 2751 SOUTH D			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () SHABOTYNSKY 2751 S. DIXIE H WEST PALM BI	HIGHWAY		Title: Name: Address: City-St-Zip:		(X) Change () Addition IE (IE HIGHWAY VI BEACH, FL 33405		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition ENNIFER (IE HIGHWAY M BEACH, FL 33405		
Title: Name:	()	Delete		Title: Name:	D SIEDLIK, LA	()Change(X)Addition AWRENCE		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE G. HOWDEN D 01/05/2005