2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000000657

1. Entity Name
PALM BEACH R/C POWER BOATERS, INC.

Principal Place of Business	Mailing Address
7715 FOREST HILL BLVD WEST PALM BEACH, FL 33413	3710 NW 113 AVE CORAL SPRINGS, FL 33065

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05062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0643276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ZELLER, TODD L
STREET ADDRESS	3710 NW 113 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33065
TITLE	VD
NAME	ERBESFELD, MARVIN
STREET ADDRESS	10916 EL CABLLO CT.
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	TD
NAME	MARVIN, ERBESFELD
STREET ADDRESS	10916 EL CABALLO CT
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	SD
NAME	STEVE, GUALTIERI
STREET ADDRESS	419 E. SHADYSIDE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	PD
NAME	PICHARD, ROBERT
STREET ADDRESS	2286 LAKE OSBORNE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/05-80010-005 61.25

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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: _____ 5/5/05 954-575-2065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #