

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004639

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** BAILLIAGE DE WEST PALM BEACH, INC.

**Current Principal Place of Business:**

585 MASTERS WAY  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

585 MASTERS WAY  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 65-0690873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAGRECA, RICHARD  
585 MASTERS WAY  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VDS ( ) Delete  
Name: LAGRECA, IRIS  
Address: 585 MASTERS WAY  
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: VDT ( ) Delete  
Name: RUSSELL, GARTH  
Address: 99 WOODMUIR STREET  
City-St-Zip: PALM BCH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD LA GRECA

PRES

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date