


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90553 006 ****61.25

DOCUMENT # N96000005790					
1. Entity Name PALM BEACH PACK AND PADDLE CLUB, INC.					
Principal Place of Business 913 SUMTER ROAD EAST WEST PALM BEACH, FL 33415			Mailing Address POST OFFICE BOX 16041 WEST PALM BEACH, FL 33416		
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 65-0171726	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEEDS, LINDA M 913 SUMTER ROAD EAST WEST PALM BEACH, FL 33415			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUNDERS, STEPHANIE		NAME	MIKE LATOUR	
STREET ADDRESS	8104 OAKTON CT.		STREET ADDRESS	15258 85th AVENUE NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANALDO, TERRY		NAME	ROBERT H. HOROWITZ	
STREET ADDRESS	901 18TH AVENUE N.		STREET ADDRESS	5416 OLD FORT JUPITER RD.	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, JACK		NAME		
STREET ADDRESS	127 SE 24TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUCETTE, NANCY		NAME		
STREET ADDRESS	1117 EAST SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEEDS, LINDA M		NAME		
STREET ADDRESS	913 SUMTER ROAD EAST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOROWITZ, RONNIE B		NAME	HOROWITZ, RONNIE B.	
STREET ADDRESS	5416 OLD PORT JUPITER RD		STREET ADDRESS	5416 OLD FORT JUPITER RD.	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	JUPITER, FL 33458	
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: <u>Ronnie B. Horowitz, Treasurer</u>			27 APR 2005 561.744.6098		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
RONNIE B. HOROWITZ, TREASURER					

14015245



04222005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0171726 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEEDS, LINDA M
913 SUMTER ROAD EAST
WEST PALM BEACH, FL 33415

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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Due by May 1, 2005

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Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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Florida Department of State

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RONNIE B. HOROWITZ, TREASURER