


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90207 046 ****61.25

| | |
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| 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

01162006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0171726

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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, 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 May 1, 2006**

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 | P | <input type="checkbox"/> Delete |
| NAME | SAUNDERS, STEPHANIE | |
| STREET ADDRESS | 8104 OAKTON CT. | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33406 | |

| | | |
|----------------|-------------------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | LATOUR, MIKE | |
| STREET ADDRESS | 15258 85TH AVE N | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | |

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOROWITZ, ROBERT H | |
| STREET ADDRESS | 5416 OLD FORT JUPITER RD | |
| CITY-ST-ZIP | JUPITER, FL 33458 | |

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOUCETTE, NANCY | |
| STREET ADDRESS | 1117 EAST SHORE DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | |

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LEEDS, LINDA M | |
| STREET ADDRESS | 913 SUMTER ROAD EAST | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 | |

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HOROWITZ, RONNIE B | |
| STREET ADDRESS | 5416 OLD FORT JUPITER RD | |
| CITY-ST-ZIP | JUPITER, FL 33458 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PEARCE, BOB | |
| STREET ADDRESS | 848 CINNAMON STREET | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUCETTE, NANCY | |
| STREET ADDRESS | 1117 EAST SHORE DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33406 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| 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 exemptions contained 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 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

Stephanie Saunders