

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90091 010 \*\*\*\*61.25

DOCUMENT # N97000000090					
1. Entity Name PALM BEACH GCSA, INC.					
Principal Place of Business 1760 NW PINE LAKE DRIVE STUART, FL 34994			Mailing Address 1760 NW PINE LAKE DRIVE STUART, FL 34994		
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 91-1931023	
				Applied For Not Applicable	
				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		
ROBERTS, MARIE 1760 NW PINE LAKE DRIVE STUART, FL 34994			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, PETER		NAME		
STREET ADDRESS	408 -81ST AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	ES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, MARIE		NAME		
STREET ADDRESS	1760 NW PINE LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERNARD, STEVE		NAME	TD	
STREET ADDRESS	7740 NW 39TH AVE		STREET ADDRESS	Brook Maxwell	
CITY-ST-ZIP	POMPAN0 BEACH, FL 33073		CITY-ST-ZIP	7350 Linton Blvd.	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Delray Beach, FL 33446	
NAME	MCKEE, FRANK		NAME	PD	
STREET ADDRESS	13135 HAGEN RACH RD		STREET ADDRESS	10101 Trails End Rd.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Parkland, FL 33076	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUNES, KENNELLY GC		NAME	VD	
STREET ADDRESS	12005 DUNES RD		STREET ADDRESS	Pearson, Steve	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	1402 Scottsdale Rd. W.	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	W. Palm Beach, FL 33417	
NAME	DUNES, TERRY GC		NAME		
STREET ADDRESS	12005 DUNES RD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		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: <u>Marie Roberts</u>		Date: <u>3/15/06</u>		Daytime Phone #: <u>772-692-9349</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					