

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000090

Entity Name: PALM BEACH GCSA, INC.

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

1760 NW PINE LAKE DRIVE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1760 NW PINE LAKE DRIVE
STUART, FL 34994

New Mailing Address:

FEI Number: 91-1931023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, MARIE
1760 NW PINE LAKE DRIVE
STUART, FL 34994 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: PD () Delete
Name: DOWNING, KEVIN
Address: 220 RIDGE RD.
City-St-Zip: JUPITER, FL 33477

Title: ES () Delete
Name: ROBERTS, MARIE
Address: 1760 NW PINE LAKE DR.
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: BALKO, LARRY
Address: 9011-A LANTANA RD.
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: TANDY, DAVID
Address: 12005 DUNES ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: PEARSON, STEVE
Address: 1402 SCOTTSDALE RD, W
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: MAIN, BRIAN
Address: 420 LAMANCHA AVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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: MARIE ROBERTS

ES

01/10/2009

Electronic Signature of Signing Officer or Director

Date