2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002058

FILED Mar 10, 2008 Secretary of State

Entity Name: PALM BEACH COUNTY ATTRACTIONS ASSOCIATION, INC.

4801 DRFI	Current Principal Place of Business:				New Principal Place of Business:	
	HER TRAIL N LM BEACH, FL	33405	US			
Current Mailing Address:				New Mailir	New Mailing Address:	
	HER TRAIL N LM BEACH, FL	33405	US			
FEI Number:	65-0743998	FEI Num	ber Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cu	arrent Ro	egistered Agent:	Name and	Address of New Registered Agent:	
4801 DREI	, ELIZABETH HER TRAIL N _M BEACH, FL	33405	US			
	named entity รเ e of Florida.	ubmits th	is statement for the pu	pose of changing it	s registered office or registered agent, or both,	
SIGNATUF						
	Electronic	ວ Signatu	re of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [LORI, STINSON P.O. BOX 20136 WEST PALM BE		.3421	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address:	VP ()[BERTHUME, JEN 2003 LION COUN LOXAHATCHEE,	NTRY SAF		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	BERTHUME, JÉN 2003 LION COUN LOXAHATCHEE,	NNIFER NTRY SAF, FL 33470 Delete NT SOUTH		Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	BERTHUME, JEN 2003 LION COUN LOXAHATCHEE, P () I COHEN, FRAN 360 CANAL POIN DELRAY BEACH	NNIFER NTRY SAF/ FL 33470 Delete NT SOUTH I, FL 3344 Delete SSA Q51 N. S	4 WINTON AVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: M. ELIZABETH DASHIELL DIR. 03/10/2008