

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006440

FILED
Apr 15, 2006
Secretary of State

Entity Name: EXECUTIVE WOMEN'S GOLF ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

6347 SHADOW TREE LANE
LAKE WORTH, FL 33463

New Principal Place of Business:

7739 SE BAY CEDAR CIRCLE
7739 SE BAY CEDAR CIRCLE
HOBE SOUND, FL 33455

Current Mailing Address:

6347 SHADOW TREE LANE
LAKE WORTH, FL 33463

New Mailing Address:

7739 SE BAY CEDAR CIRCLE
HOBE SOUND, FL 33455

FEI Number: 65-0636555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHECHTER, ELLEN
1900 NW CORPORATE BLVD.
SUITE 400 EAST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SCHECHTER, ELLEN
2500 N. MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431 US

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: ELLEN SCHECHTER

04/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYER, ROBIN
Address: 6347 SHADOW TREE LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: VD () Delete
Name: JARNOT, LISA
Address: 6347 SHADOW TREE LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: COOPER, MARILYN
Address: 502 TIMBERLANE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: TD (X) Delete
Name: FRANKENSTEIN, ROSALYN
Address: 2200 S OCEAN BLVD #205
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAQUETTE, ELIZABETH
Address: PO BOX 427
City-St-Zip: WEST PALM BEACH, FL 33402 04

Title: VD (X) Change () Addition
Name: LOBBY, NANCY
Address: 6026 LAS CALINAS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: TD (X) Change () Addition
Name: STADLER, LESLIE
Address: 7739 SE BAY CEDAR CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH PAQUETTE

P

04/15/2006

Electronic Signature of Signing Officer or Director

Date