2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000006440

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



04-11-2007 90029 032 ****61.25

Apr 11, 2007 8:00 am Secretary of State

FILED

Principal Plac 7739 SE BA' 7739 SE BA' HOBE SOUNI	Y CEDAR CIRO Y CEDAR CIRO D, FL 33455	Mailing Address 7739 SE BAY CEDAR CIRCLE HOBE SOUND, FL 33455											
2. Principal Place of Business - No P.O. Box # 2210 RIDGEWOOD CIRCLE Suite, Apt. #, etc.			3. Mailing Address 2210 RIDSEWOOD CIRCLE Suite, Apt. #, etc.				04082007	Chg-l			37 (12/06)		
ROYAL PALM BEACH FL			ROYAL PALM BEAC				<u>-</u> _	4. FEI Number 65-0636555				Applied For Not Applicable	
3341		Country	33	411		SA		5. Certificat				\$8.75 Add Fee Require	
	6. Name	legistered Agent				7. Name and Address of New Registered Agent							
SCHECHT	ER ELLE		Name										
SCHECHTER, ELLEN 2500 N. MILITARY TRAIL SUITE 200				Street Address			ddress (F	(P.O. Box Number is Not Acceptable)					
BOCA RA	TON, FL 3	33431				City		· · · · · · · · · · · · · · · · · · ·			FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered or						ed office o	r register	ed agent, or b	oth, in the	State of Flor		familiar with,	and accept
the obligat	tions of registe	ered agent.											
SIGNATURE	Signature, typed o	or printed name of registered agent a	nd title if appl	icable. (NO	E: Registere	d Agent signat	ture required	when reinstating)	··		DATE	· · · · · · · · · · · · · · · · · · ·	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.				es 00	_	Ma	yka abad	k payable t	0	
	_		[\$5.00 May Added to Fee				tment of S	
10.	Due by M		ECTORS	Trust Fund			P	Added to Fee	s	Flori	da Depar	tment of S	tate
TITLE	PD PD	OFFICERS AND DIR	ECTORS		Contribut	ion.	P/D	Added to Fee	HANGES 1	Flori	da Depar	tment of S	tate
TITLE NAME	PD PAQUETT	OFFICERS AND DIR	ECTORS	Trust Fund	11.	E	P/D Nico	Added to Fee ADDITIONS/CI	HANGES 1	Flori	da Depar	tment of S	tate
TITLE NAME STREET ADDRESS	PD PAQUETT PO BOX 4	OFFICERS AND DIR TE, ELIZABETH 27	ECTORS	Trust Fund	11. TITLI NAM STRE	E E ET ADDRESS	P/D Nico 2210	Added to Fee ADDITIONS/CI DLE JAUV RIDGEW	HANGES TO	Flori TO OFFICER	da Depar	RECTORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAQUETT PO BOX 4 WEST PA	OFFICERS AND DIR	ECTORS	Trust Fund	11. ITTLI NAM STRE	E E ET ADDRESS -ST-ZIP	P/D NICO 2210 Roya	Added to Fee ADDITIONS/CI	HANGES TO	Flori TO OFFICER	da Depar	RECTORS IN Change	tate i 10 X Addition
TITLE NAME STREET ADDRESS	PD PAQUETT PO BOX 4 WEST PAI	OFFICERS AND DIR TE, ELIZABETH 127 LM BEACH, FL 33402	ECTORS	Trust Fund	11. TITU NAM STRE	E E ET ADDRESS -ST-ZIP	P/D Nico 2210 Roya	Added to Fee ADDITIONS/CI DLE JAUV RIDGEW AL PALM	HANGES I	Flori TO OFFICER	da Depar	RECTORS IN Change	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PAQUETT PO BOX 4 WEST PAI VD LOBBY, N 6026 LAS	OFFICERS AND DIR OFFICERS AND DIR TE, ELIZABETH 127 LM BEACH, FL 33402	ECTORS	Trust Fund	11. TITLI NAM STRE CITY TITLI NAM STRE	E E ET ADDRESS - ST - ZIP	P/D NICO 2210 ROYF V/D NAN 6310	Added to Fee ADDITIONS/CI DLE JAUV RIDGEW AL PALM CY HERSE LAKEMA	HANGES I HOLA HOOD C I BEA	Flori TO OFFICEF IRCLE ICH F	da Depar IS AND DI	RECTORS IN Change	tate i 10 X Addition
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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 employered 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 employment.

GNATURE:

| SIGNATURE AND VIVED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR
| Degrine Priorie |

SIGNATURE: