

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90236 026 ****61.25

DOCUMENT # N98000005063

1. Entity Name
PPGPB, INC.



Principal Place of Business
1325 ARABIAN DR
LOXAHATCHEE, FL 33470

Mailing Address
PO BOX 16762
W. PALM BEACH, FL 33416



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0552780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORELLO, SCOTT
1325 ARABIAN DR
LOXAHATCHEE, FL 33470

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORELLO, SCOTT
STREET ADDRESS	1325 ARABIAN DR
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	MORELLO, SHIELA
STREET ADDRESS	1325 ARABIAN DR.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	KENNEDY, KATHRYN
STREET ADDRESS	4047 OKEECHOBEE BLVD, BLD, 118
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	SANTIAGO, LINO
STREET ADDRESS	842 BRIARWOOD DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	D
NAME	Robert E. Swan
STREET ADDRESS	925 SW MARTIN Downs BLVD
CITY-ST-ZIP	Palm City, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-2006 772-286-7468