

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007605

1. Entity Name
**GOLD COAST CHAPTER AMERICAN BACKFLOW
PREVENTION ASSOCIATION, INC.**



Principal Place of Business
**1009 BANYAN BLVD
WEST PALM BEACH, FL 33401**

Mailing Address
**POST OFFICE BOX 3506
WEST PALM BEACH, FL 33402-3506**



02132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-1110595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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 reconstituting)

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 BELLAMY, MORRIS
STREET ADDRESS 1009 BANYAN BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME DOWNS, JACK
STREET ADDRESS 1045 CHARLOTTE AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33402

TITLE PD
NAME SCHOOLEY, D W
STREET ADDRESS 1009 BANYAN BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE SD
NAME O'ARIES, SUSAN D
STREET ADDRESS 1009 BANYAN BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE T
NAME STEWART, JEFF
STREET ADDRESS 1009 BANYAN BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VP
NAME LAJOIE, DARIN
STREET ADDRESS 1009 BANYAN BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33401

UNIFORM 1436380
02/27/06 80034-016 61.25

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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 #

D W Scholley - D W SCHOOLEY 2/13/06 561-822-2249