

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90065 007 \*\*\*\*61.25

0041340

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 709604**

1. Corporation Name

**PALM BEACH COUNTY BAR ASSOCIATION, INC.**

Principal Place of Business

C/O SERVICO CENTRE EAST #302  
 1601 BELVEDERE RAOD  
 WEST PALM BEACH FL 33406  
 US

Mailing Address

C/O SERVICO CENTRE EAST #302  
 1601 BELVEDERE RAOD  
 WEST PALM BEACH FL 33406  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/17/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1846990	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent

**BEER, JERALD S.**  
**515 N. FLAGLER DR.**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, AMY L.	1.2 NAME	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANZ, MICHAEL T.	2.2 NAME	
STREET ADDRESS	505 S. FLAGLER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOHN G	3.2 NAME	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD	3.3 STREET ADDRESS	222 Lakeview Avenue, Suite 210
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNY, EDWARD	4.2 NAME	
STREET ADDRESS	400 ROYAL PALM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGRAFFENREIDT, ANDREW	5.2 NAME	
STREET ADDRESS	600 W BLUE HERON BLVD	5.3 STREET ADDRESS	250 Australian Avenue, Suite 1504
CITY-ST-ZIP	RIVIERA BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, SCOTT G	6.2 NAME	
STREET ADDRESS	505 S FLAGLER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PLM BCH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amy L. Smith* 2-25-99 (561) 689 6700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)