

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90007 041 \*\*\*\*70.00

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03072007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 722018</b>					
1. Entity Name 211 PALM BEACH/TREASURE COAST, INC.					
Principal Place of Business 415 GATOR DR. LANTANA, FL 33465		Mailing Address P.O. BOX 3588 LANTANA, FL 33465-3588			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7153017	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEESE, JOHN 3469 SUMMIT BLVD. WEST PALM BEACH, FL 33406			Name <b>THERESE M. SHEHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>72 SE SIXTH AVENUE, TOWNHOUSE L</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>		
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.			DATE: <b>2/19/2007</b> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, JOHN		NAME		
STREET ADDRESS	3469 SUMMIT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREGMAN, HOWARD		NAME	DUANE, ROSANNE M.	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE		STREET ADDRESS	1 NORTH CLEMATIS STREET, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBRECHT, NANCY A		NAME		
STREET ADDRESS	143 ROTUNDA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEHAN, THERESE		NAME		
STREET ADDRESS	72 SE 6TH AVENUE, TOWNHOUSE L		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUZA, SUSAN		NAME		
STREET ADDRESS	PO BOX 3588		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33465		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALGUERO, GEORGE		NAME		
STREET ADDRESS	1200 NORTH FEDERAL HIGHWAY, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 561/533-1096 Daytime Phone #		

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