

### 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N00000008134**

1. Entity Name  
WEST PALM BEACH LIBRARY FOUNDATION, INC.



Principal Place of Business  
301 CLEMATIS STREET  
# 3000  
WEST PALM BEACH, FL 33401

Mailing Address  
301 CLEMATIS STREET  
# 3000  
WEST PALM BEACH, FL 33401

2. Principal Place of Business  
ONE NORTH CLEMATIS ST  
Suite, Apt. #, etc.  
SUITE 500  
City & State  
WEST PALM BEACH, FL

3. Mailing Address  
ONE NORTH CLEMATIS ST  
Suite, Apt. #, etc.  
SUITE 500  
City & State  
WEST PALM BEACH, FL

FILED  
05 APR -25 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03172005 REIN-NP CR2E009 (6/04)



4. FEI Number  
65-1068311

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
SANDERS, ROBERT ESQ  
GREENBERG TRAUIG, P.A.  
777 SOUTH FLAGLER DR., SUITE 300 EAST  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PEREZ, JORGE 2826 CORAL WAY, PENTHOUSE NO. 1 MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900054205689 05/10/05--01041--017 ***122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOZOKOFF, NEIL J 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOZOKOFF, NEIL J. ONE NORTH CLEMATIS ST. #500 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVES, DARDEN 610 EVERNIA STREET WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, ROBERT 777 SOUTH FLAGLER DR STE 300 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, ROBERT ONE NORTH CLEMATIS ST. #500 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, WILLIAM 5840 CORPORATE WAY STE 108 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, WILLIAM ONE NORTH CLEMATIS ST. #500 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH, KATHLEEN L. ONE NORTH CLEMATIS ST. #500 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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 817, 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: \_\_\_\_\_ DATE: 4/21/05 561-832-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NEIL J. KOZOKOFF, PRES.

### **Additional Directors**

VD – Mr. Paul Vincent  
c/o One North Clematis St. #500  
West Palm Beach, Florida 33401

TD – Mr. C. Russell Wilson  
c/o One North Clematis St. #500  
West Palm Beach, Florida 33401

D – Mrs. Charlie Ellington  
c/o One North Clematis St. #500  
West Palm Beach, Florida 33401

D – Mr. Scott Badesch  
c/o One North Clematis St. #500  
West Palm Beach, Florida 33401