


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N97000006096	
1. Entity Name PROLOGUE SOCIETY OF PALM BEACH COUNTY, INC.	

Principal Place of Business 11301 U.S. HWY ONE C/O NORTHERN TRUST BANK NORTH PALM BEACH, FL 33408	Mailing Address 11301 U.S. HWY ONE C/O NORTHERN TRUST BANK NORTH PALM BEACH, FL 33408
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03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0792630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SACHER, CHARLES P 2655 LEJEUNE ROAD, #1101 CORAL GABLES, FL	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U000000661407 03/20/07 00039 017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, GORT 13725 LE HAVRE DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKSHIRE, JONATHAN 11301 US HWY ONE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRACCI, MICHAEL J 11301 U S HIGHWAY ONE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, DAN 14253 U.S. HWY. 1 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRARY, RICK II 722 S.W. KEATS AVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GERBUS, JACQUELINE 11301 US HWY ONE NORTH PALM BEACH, FL 33408

**DO NOT WRITE
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: 	3/5/07	(301) 803-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #