


FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05227 (6)  
1. Corporation Name  
COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC



Principal Place of Business Mailing Address  
114 N J STREET LAKE WORTH FL 33460-3354 US  
114 N J STREET LAKE WORTH FL 33460-3354 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
09/19/1984

4. FEI Number Applied For  
59-2516164 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
SILBER, ILENE SOLOMON  
114 NORTH J STREET  
~~2ND FLOOR~~  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 *Ilene Solomon Silber* ILENE SOLOMON SILBER 4/29/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COMPIANI, FRANK	
STREET ADDRESS	1555 P. B. LAKES BLVD., #1400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSS, DAVID	
STREET ADDRESS	501 EAST LAS OLAS BLVD 4TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHEARIN, NORMAN W	
STREET ADDRESS	1501 NW 15TH CT.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	SILBER, ILENE SOLOMON	
STREET ADDRESS	114 NORTH J STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOAN	
STREET ADDRESS	2139 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD GLEASON, JODY
3.3 STREET ADDRESS	1131 N. PALMWAY
3.4 CITY-ST-ZIP	LAKE WORTH, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Ilene Solomon Silber* Ilene Solomon Silber, Secretary, Westlake (661) 582-2970

CR2E037 (10/97)