

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90072 047 ****61.25

DOCUMENT # 732156

1. Entity Name
ECONOMIC COUNCIL OF PALM BEACH COUNTY, INC.



Principal Place of Business
**1555 PALM BEACH LAKES BLVD
SUITE 950
W PALM BCH, FL 33401-2375 US**

Mailing Address
**1555 PALM BEACH LAKES BLVD
SUITE 950
W PALM BCH, FL 33401-2375 US**

40004100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1575003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, R. MICHAEL
1555 PALM BEACH LAKES BLVD
SUITE 950
W PALM BCH, FL 33401-2375**

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

[Signature of Michael Jones]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete
NAME **KNEIP, ROBERT C**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **GC** ☐ Delete
NAME **LINK, WENDY S**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **T** ☐ Delete
NAME **HUTCHINSON, JAMES B**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **VC** ☒ Delete
NAME **COMPIANI, FRANK T**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **S** ☒ Delete
NAME **KAHN, KEN**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD STE #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **P** ☐ Delete
NAME **JONES, ROBERT M**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD, #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition
NAME **FRANK T. Compiani**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD, #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Change ☒ Addition
NAME **John F. Flanigan**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD, #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **S** ☐ Change ☒ Addition
NAME **LAURIE SILVERS**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD, #950**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature of James B. Hutchinson]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

561-684-1551 x25

Daytime Phone #