

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003145

**Entity Name:** COMMUNITY LAND TRUST OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**4938 DAVIS ROAD  
WEST PALM BEACH, FL 33461**Current Mailing Address:**4938 DAVIS ROAD  
LAKE WORTH, FL 33461 US**FEI Number:** 20-5090958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TEMPLETON, JOHN  
2240 PALM BEACH LAKES BLVD.  
SUITE 302  
WEST PALM BEACH, FL 33409 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LUCAS, HAZEL  
Address 311 SOUTH DIXIE HWY, SUITE # 140  
City-State-Zip: WEST PALM BEACH FL 33405

Title S  
Name WHEAT, TIM  
Address 1921 ABBEY ROAD  
City-State-Zip: WEST PALM BEACH FL 33415

Title T  
Name TEMPLETON, JOHN  
Address 222 LAKEVIEW AVENUE, SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title EXECUTIVE DIRECTOR  
Name LACOURSE-BLUM, CINDEE A  
Address 4938 DAVIS ROAD  
City-State-Zip: WEST PALM BEACH FL 33461

Title VPD  
Name KESHAVARZ, MAZIAR  
Address 711 N. DIXIE HIGHWAY, SUITE 201  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name USHER, ANGLEA  
Address 3300 FOREST HILL BLVD, SUITE C-110  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name MORRISON, CHRISTINA  
Address 2000 S. OCEAN BLVD., SUITE # 307  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name MCDONALD ANDERSON, TAMMY  
Address 1700 N. AUSTRALIAN AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CINDEE LACOURSE-BLUM**EXECUTIVE DIRECTOR****01/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ELLINGTON, DOROTHY  
Address 701 SE 6TH AVENUE, SUITE 201  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name BANKS, SHEVON  
Address 1867 NE 5TH STREET  
City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR  
Name HENRY, TANGENICA  
Address 235 BOBWHITE RD  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title DIRECTOR  
Name SANTANGELO, SEMANTHA  
Address P.O. BOX 740241  
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR  
Name MAXWELL, SCOTT  
Address 7 NORTH DIXIE HWY  
City-State-Zip: LAKE WORTH FL 33461