

NOW: FILING FEE IS \$61.25

ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Revised 7/2/99

FILED

99 JUL -7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703214

1. Corporation Name

CHAMBER OF COMMERCE OF THE PALM BEACHES, INC.

Principal Place of Business

401 N FLAGLER DR.
WEST PALM BEACH FL 33401

Mailing Address

401 N FLAGLER DR.
WEST PALM BEACH FL 33401



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
[21] Suite, Apt. #, etc.		[26] Suite, Apt. #, etc.		11/15/1961	
[22] City & State		[27] City & State		4. FEI Number	
[23] Zip		[28] Zip		59-0504407	
[24] Country		[29] Country		[30] Applied For	
				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	

5. Name and Address of Current Registered Agent

GRADY, DENNIS
401 N. FLAGLER DRIVE
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	Chair-Elect
NAME	MAAS, EDWARD	1.2 NAME	Wendy Sartory Link
STREET ADDRESS	2820 HACKNEY ROAD	1.3 STREET ADDRESS	222 Lakeview Avenue #1300
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	P	2.1 TITLE	Curt Reilly
NAME	GRADY, DENNIS	2.2 NAME	701 Northpoint Parkway Suite 410
STREET ADDRESS	401 N. FLAGLER DR.	2.3 STREET ADDRESS	West Palm Beach, FL
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	
NAME	LOWRY, PATRICIA	3.2 NAME	
STREET ADDRESS	777 S FLAGLER DRIVE S, 1900	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HERTZ, CUFF	4.2 NAME	
STREET ADDRESS	400 AUSTRALIAN AVENUE #500	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	CE	5.1 TITLE	Chair
NAME	SACHS, PETER	5.2 NAME	
STREET ADDRESS	505 S FLAGLER DR #1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Treasurer
NAME	STAUDINGER, RICHARD	6.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE 2500	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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, with an other like empowered.

SIGNATURE: *[Signature]*

3-18-99

561-833-8711