

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90046 043 ****61.25

DOCUMENT # 721000

1. Entity Name

PALM BEACH CHAPTER, AMERICAN INSTITUTE OF ARCHITECTS, INC.



Principal Place of Business
**504 PINTO CIRCLE
WELLINGTON FL 33414**

Mailing Address
**504 PINTO CIRCLE
WELLINGTON FL 33414**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number **59-2503448**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMYTHE, MARTHA
504 PINTO CIRCLE
WELLINGTON FL 33414**

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.

Same - not new
SIGNATURE Martha Smythe

Martha Smythe

01-22-08

**FILE NOW: 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 **P** ☒ Delete
NAME **KASTNER, TOM**
STREET ADDRESS **400 AUSTRALIAN AVE S. 6TH FLOOR**
CITY- ST- ZIP **WEST PALM BEACH FL 33401**

TITLE **PE** ☒ Delete
NAME **WRONSKY, EDWARD**
STREET ADDRESS **749 US HWY 1 - # 205**
CITY- ST- ZIP **NORTH PALM BEACH FL 33408**

TITLE **ED** ☐ Delete
NAME **SMYTHE, MARTHA**
STREET ADDRESS **504 PINTO CR**
CITY- ST- ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☐ Addition
NAME **Edward Wronsky, AIA**
STREET ADDRESS **749 U.S.Hwy. 1, #205**
CITY- ST- ZIP **North Palm Beach, FL 33408**

TITLE **PE** ☐ Change ☐ Addition
NAME **Ignacio Reyes, AIA**
STREET ADDRESS **1400 Centrepark Blvd., #500**
CITY- ST- ZIP **West Palm Beach, FL 33401**

TITLE **ED** ☐ Change ☐ Addition
NAME **Martha Smythe**
STREET ADDRESS **504 Pinto Circle**
CITY- ST- ZIP **Wellington, FL 33414**

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

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

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 Section 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: MARTHA SMYTHE *(Martha Smythe)* **561-790-2514**