

DOCUMENT # 728877

1. Entity Name

PALM BEACH WHITE HOUSE ASSOCIATION NO. 4, INC.

Principal Place of Business

2560 S. OCEAN DRIVE  
PALM BEACH FL 33480

Mailing Address

2560 S. OCEAN DRIVE  
PALM BEACH FL 33480-5469

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1160731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDMAN, CHARLES J  
601 S. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **KARL M. SACHS**

Street Address (P.O. Box Number is Not Acceptable)

3675 S.W. 24 STREET

City **MIAMI**

FL

Zip Code **33145**

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/00

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, GLADYS	
STREET ADDRESS	1110 STILLWATER DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNPHY, JOAN S	
STREET ADDRESS	34 CHURCH STREET C/O NEW HORIZON PRESS	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	

TITLE	D	<input type="checkbox"/> Delete
NAME	STEINHARDT, NANCY	
STREET ADDRESS	601 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	D	<input type="checkbox"/> Delete
NAME	RACHEL E. STEINHARDT	
STREET ADDRESS	2121 N.E. 190 TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINHARDT, NANCY	
STREET ADDRESS	2121 N.E. 190 TERRACE	
CITY-ST-ZIP	N. MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 305-446 9700

CR2E037 (9/99)