

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 750613 (2)
1. Corporation Name
THE PRESERVATION FOUNDATION OF PALM BEACH, INC.

95 JAN 23 AM 9:09

Principal Place of Business Mailing Address
356 SOUTH COUNTY RD PALM BEACH FL 33480
356 SOUTH COUNTY RD PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/15/1980
3a. Date of Last Report 02/03/1994
4. FEI Number 59-1989832
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOPIN, L. FRANK
440 ROYAL PALM WAY
PALM BEACH FL 33480

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
440 Royal Palm Way - Suite 200
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VT SCHULER, JOHN H 624 N LAKE WAY PALM BEACH FL
TTR MCINTOSH, HENRY P IV 124 VIA BETHESDA PALM BEACH FL
VT MRS. HENRY P. HOFFSTOT 622 SOUTH COUNTY ROAD PALM BEACH FL
VT KNOTT, JAMES R 3800 WASHINGTON ROAD, APT 801 WEST PALM BEACH FL
ST CHOPIN, L. FRANK 440 ROYAL PALM WAY PALM BEACH FL
PT MASHEK, JR. J 82 MIDDLE ROAD PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VTr Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VTr Change Addition
3.2 NAME Mrs. William H. Mann
3.3 STREET ADDRESS 1440 South Ocean Boulevard
3.4 CITY-ST-ZIP Palm Beach, FL 33480
4.1 TITLE VTr Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE STR Change Addition
5.2 NAME Mr. L. Frank Chopin
5.3 STREET ADDRESS 440 Royal Palm Way Suite 200
5.4 CITY-ST-ZIP Palm Beach, FL 33480
6.1 TITLE PTr Change Addition
6.2 NAME Mr. John D. Mashek, Jr.
6.3 STREET ADDRESS 82 Middle Road
6.4 CITY-ST-ZIP Palm Beach, FL 33480

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95 407-832-073
Date Signature #