


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 750613
1. Entity Name
**THE PRESERVATION FOUNDATION OF PALM BEACH,
INC.**



Principal Place of Business 311 PERUVIAN AVENUE PALM BEACH, FL 33480	Mailing Address 311 PERUVIAN AVENUE PALM BEACH, FL 33480
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02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1989832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
**CHOPIN, L. FRANK
505 SOUTH FLAGLER DRIVE
STE. 300
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee Is \$61.25
Due by May 1, 2006**


9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**000000436293
02/27/06-80031-013 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT SCHULER, JOHN H 200 JUNGLE RD. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR CHOPIN, L. FRANK 505 SOUTH FLAGLER DRIVE, STE. 300 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR MASHEK, JOHN D JR. 82 MIDDLE RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ROBB, DAVID B JR. TWO SHELDRAKE LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____ **2/13/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #