

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 014 ****61.25

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**

40047231



DO NOT WRITE IN THIS SPACE

03192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1989832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHOPIN, L. FRANK
505 SOUTH FLAGLER DRIVE
STE. 300
WEST PALM BEACH, FL 33401**

**311 Peruvian Avenue
Palm Beach, FL
33480**

**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

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

(NOTE: Registered Agent signature required when reinstating.)

3/23/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07
Date

Daytime Phone #

(561) 832 0731