

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 Mailing Address
311 PERUVIAN AVENUE **311 PERUVIAN AVENUE**
PALM BEACH, FL 33480 **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 <input type="checkbox"/>	\$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]* DATE: **3/23/07**

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

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 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: *[Signature]* Date: **3/23/07** Daytime Phone #: **(561) 832 0731**

Signature and typed or printed name of signing officer or director