

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 757340

1. Entity Name
**PALM BEACH COUNTY PUBLIC BUILDING
CORPORATION, INC.**



Principal Place of Business
**301 N OLIVE AVE
W PALM BCH, FL 33401**

Mailing Address
**P.O. BOX 1989
ATTN: DENISE M NIEMAN
WEST PALM BEACH, FL 33402**



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6000785

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIEMAN, DENISE M
301 N. OLIVE AVE, STE 601
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

Denise M Nieman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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	PD SELLARI, GARY B 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSPETH, GEORGE 301 N. OLIVE AVENUE, STE. 601 W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMMS, SUSIE 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, WANDA G 301 N. OLIVE AVENUE W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEEKES, LEON 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401
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:

Dany Sella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/08

Date

(561) 686 1110

Daytime Phone #