

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002761

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** CONFRERIE DE LA CHAINE DES ROTISSEURS BAILLIAGE DE PALM BEACH, INC.

**Current Principal Place of Business:**

TRUMP PLAZA 529 SOUTH FLAGLER DRIVE  
NO 7E/F  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

TRUMP PLAZA 529 SOUTH FLAGLER DRIVE  
NO 7E/F  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 22-3335680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WECHSLER, LOUIS G  
TRUMP PLAZA 529 SOUTH FLAGLER DRIVE  
NO 7 E/F  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WECHSLER, LOUIS G  
Address: TRUMP PLAZA 529 SOUTH FLAGLER DRIVE NO7E/F  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD  
Name: BOWDEN, ELIZABETH  
Address: 100 ROYAL PALM WAY  
City-St-Zip: PALM BEACH, FL 33480

Title: D  
Name: ARLETTE, GORDON  
Address: 980 NORTH LAKE WAY  
City-St-Zip: PALM BCH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS G WECHSLER

PRES

01/17/2012

Electronic Signature of Signing Officer or Director

Date