


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

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90027 034 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N01535</b>                                 |  |
| 1. Entity Name<br>CRESTWOOD PERFORMING ARTS LEAGUE, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>ROYAL PALM BEACH HIGH SCHOOL<br>10600 OKEECHOBEE BLVD<br>ROYAL PALM BEACH, FL 33411 US | Mailing Address<br>CRESTWOOD PERFORMING ARTS LEAGUE<br>P.O. BOX 210336<br>ROYAL PALM BEACH, FL 33421 US |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><i>(As above)</i> | 3. Mailing Address<br><i>(As above)</i> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                     |

01102007 Chg-NP CR2E037 (12/06)

|              |              |                             |  |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number<br>59-2662600 | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|-----------------------------|--|

|     |         |     |         |  |
|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|--|

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>PELTZMACHER, GEORGE<br>172 SARITA CT.<br>ROYAL PALM BEACH, FL 33411 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|---|--|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HUGHES, ELVIRA<br>117 DERBY LANE<br>ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LOGAN, LAWRENCE<br>100 KIRROS WAY<br>ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILSON, HYACINTH<br>1505 LAKE VIEW DR<br>ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SC<br>RUBIN, ESTELLE<br>1801 CORSICA DRIVE<br>WELLINGTON, FL 33414 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PELTZMACHER, GEORGE<br>172 SARITA CT<br>ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LOGAN, LAWRENCE<br>100 KINGS WAY<br>ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** *George Peltzmacher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/07*  
Date Daytime Phone #