2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 02, 2008 8:00 am

. 7	ANNUAL REPORT				Secretary of State		
1. Entity Nam THE REC	MENT # N02554 TOR, WARDENS AND VES TOF BETHESDA-BY-THE-S			04-02-2008 90037 011 ****61.25			
Principal Place of Business BETHESDA-BY-THE-SEA 141 S. COUNTY RD. PALM BCH, FL 33480 US Mailing Address PETER S BROBERG BETHESDA-BY-THE-SEA PO BOX 1057 PALM BEACH, FL 33480 US							
			Marian to State	1 (58)(1) 41/ 40) 41/ 40) 41/ 100/ 01/ 01/ 01/ 01/ 01/ 01/ 01/ 01/			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		hg-NP CR2E037 (12	/06)	
City & State		City & State	City & State		00	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	5 Additional equired	
	6. Name and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent			
BROBERG, PETER S. COE & BROBERG 223 PERUVIAN AVE PALM BEACH, FL 33480			Street Address	Name Joan B. Tucker Street Address (P.O. Box Hernber Mybt Acceptable) 3030			
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, typeocyclarined name of registered agent and tritle ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2008	1	Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State		
10.	OFFICERS AND DIF		11.		ES TO OFFICERS AND DIRECT	18S IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRW SCHULER, JOHN H 200 JUNGLE ROAD PALM BEACH, FL 33480	C Oclete	NAME Least STREET ADDRESS 369	RW e, Robert E. 7 5. Lake m Beach, F		nange Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	T KINDRED, JOHN M 243 KENLYN ROAD PALM BEACH, FL 33480	☑ Deleie	TITLE NAME STREET ADDRESS 343		les J. III OCI	nange 🖾 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAN BROBERG, PETER S 223 PERUVIAN AVE PALM BEACH, FL 33480	☑ Dolete	NAME JO	an B. Tucku	☐ Cr	nange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLER LETTS, SOPHIA 334 CHILEAN AVE #2 PALM BEACH, FL 33480	☑ Dolete	TITLE NAME STREET ADDRESS	fricia Doni		* -	
TITLE NAME STREET ADDRESS	REC WARREN, RALPH R JR. 141 S. COUNTY RD	☐ Delete	TITLE NAME STREET ADDRESS	<u> </u>		nange Addition	

Dayid Semandeni Schange 17 Edinburgh Drve Palm Beach Gardens FL 33418 12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

PALM BEACH, FL 33480

PURCELL, CONSTANCE 435 BRAZILIAN AVE

PALM BEACH, FL 33480

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☑ Delete

3/18/08