

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90082 025 \*\*\*\*61.25

<b>DOCUMENT # N03000000979</b> 1. Entity Name <b>PALM BEACH ROUND TABLE, INC.</b>					
Principal Place of Business <b>44 COCONUT ROW STE M-204</b> <b>PALM BEACH, FL 33480</b>			Mailing Address <b>44 COCONUT ROW STE M-204</b> <b>PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box # <b>44 Cocoanut Row</b> Suite, Apt. #, etc. <b>Suite T-12</b> City & State		3. Mailing Address <b>44 Cocoanut Row</b> Suite, Apt. #, etc. <b>Suite T-12</b> City & State			
Zip Country		Zip Country		4. FEI Number <b>59-1311062</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HESS, MURIEL</b> <b>44 COCOANUT ROW STE M204</b> <b>PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name <b>Barbara Anderson</b> Street Address (P.O. Box Number is Not Acceptable) <b>44 Cocoanut Row</b> Suite T-12 City <b>Palm Beach</b> <b>FL</b> Zip Code <b>33480</b>		
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 <u>Barbara M Anderson</u> <b>Barbara Anderson</b> <b>4/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>MIRO, HERME DEWYMAN</b> <b>44 COCOANUT ROW, #A216</b> <b>PALM BEACH, FL 33418</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CHRISTLIEB, ETONELLA O</b> <b>200 EVERGLADES AVENUE</b> <b>PALM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>KAMIN, MARVIN</b> <b>116 PARC MONCESU</b> <b>PALM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 Parc Monceau</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GORDON, ARLETTE</b> <b>980 NORTH LAKE WAY</b> <b>PALM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>LENAHAN, SHELDON T</b> <b>10745 WATERFORD PLACE</b> <b>WEST PALM BEACH, FL 33412</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BARMANN, HANG D DR</b> <b>3120 SOUTH OCEAN BLVD #3301</b> <b>PALM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Baumann, Hans D., Dr.</b>		
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.					
<b>SIGNATURE: <u>Barbara M Anderson</u> <b>Barbara Anderson</b> <b>4/20/07</b> <b>(561) 832-6418</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					