


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003569</b>		
1. Entity Name THE COMMITTEE FOR THE PRESERVATION OF THE INTEGRITY OF HIGHLAND BEACH, INC.		
Principal Place of Business	Mailing Address	
3450 S. OCEAN BLVD., LPH3 HIGHLAND BEACH, FL 33487	3450 S. OCEAN BLVD., LPH3 HIGHLAND BEACH, FL 33487	



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 16-1663307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ASSELTA, JUDITH  
3450 S. OCEAN BLVD., LPH3  
HIGHLAND BEACH, FL 33487

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE PCD  
NAME ASSELTA, JUDITH  
STREET ADDRESS 3450 S. OCEAN BLVD., LPH3  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE VD  
NAME BRESNAHAN, ALFRED  
STREET ADDRESS 3310 S. OCEAN BLVD.  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE VD  
NAME JOHNSTONE, DOUGLAS  
STREET ADDRESS 3211 S. OCEAN BLVD.  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE S  
NAME BRIGUGLIO, FRANK  
STREET ADDRESS 3450 S. OCEAN BLVD., LPH3  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE T  
NAME KAIN, PAT  
STREET ADDRESS 3450 S. OCEAN BLVD., LPH3  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000341159  
04/29/05-80004-016 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 (56) 272-4017

Date

Daytime Phone #