

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001006

FILED
Mar 03, 2008
Secretary of State

Entity Name: CONCERNED CITIZENS OF PALM BEACH, INC.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD, STE 400
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2525 PONCE DE LEON BLVD, STE 400
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-0655215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRA, PHILIP
2525 PONCE DE LEON BLVD, STE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TRAINA, SAM
2525 PONCE DE LEON BLVD, STE 400
CORAL GABLES, FL 33134 US

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: SAM TRAINA

03/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TC () Delete
Name: ADORNO, HENRY N
Address: 2525 PONCE DE LEON BLVD, STE 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TS () Delete
Name: YOSS, GEORGE T
Address: 2525 PONCE DE LEON BLVD, STE 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TT () Delete
Name: GUERRA, PHILIP
Address: 2525 PONCE DE LEON BLVD, STE 400
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TT (X) Change () Addition
Name: TRAINA, SAM
Address: 2525 PONCE DE LEON BLVD, STE 400
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY N. ADORNO

TC

03/03/2008

Electronic Signature of Signing Officer or Director

Date