

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05227** (6)
1. Corporation Name
COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY, INC



Principal Place of Business 114 N J STREET LAKE WORTH FL 33460-3354 US	Mailing Address 114 N J STREET LAKE WORTH FL 33460-3354 US
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3. Date Incorporated or Qualified
09/19/1984

4. FEI Number
59-2516164

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent SILBER, ILENE SOLOMON 114 NORTH J STREET 2ND FLOOR LAKE WORTH FL 33460	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Ilene Solomon Silber* **ILENE SOLOMON SILBER** **4/29/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE CD	<input type="checkbox"/> DELETE
NAME COMPIANI, FRANK	
STREET ADDRESS 1555 P. B. LAKES BLVD., #1400	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME ROSS, DAVID	
STREET ADDRESS 501 EAST LAS OLAS BLVD 4TH FLOOR	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME SHEARIN, NORMAN W	
STREET ADDRESS 1501 NW 15TH CT.	
CITY-ST-ZIP BOCA RATON FL	
TITLE ED	<input type="checkbox"/> DELETE
NAME SILBER, ILENE SOLOMON	
STREET ADDRESS 114 NORTH J STREET	
CITY-ST-ZIP LAKE WORTH FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME WILLIAMS, JOAN	
STREET ADDRESS 2139 PALM BEACH LAKES BLVD	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME GLEASON, JODY	
3.3 STREET ADDRESS 1131 N. PALMWAY	
3.4 CITY-ST-ZIP LAKE WORTH, FL	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ilene Solomon Silber* **Ilene Solomon Silber** **582-5820**

CR2E037 (10/97)