2008 NOT-FOR-PROFIT CORPORATIO **ANNUAL REPORT**

DOCUMENT # N06000003145

FILED

N	Apr 09, 2008 8:00 am Secretary of State
	04-09-2008 90022 041 ****61.25

COMMUNITY LAND TRUST OF PALM BEACH COUNTY, 4nn62534 Principal Place of Business Mailing Address 160 AUSTRALIAN AVE 160 AUSTRALIAN AVE SUITE 500 SUITE 500 WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 20-5090958 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE X Delete TITLE LARKINS, VINCE NAME NAME Wanda Gadson 1300 WEST LANTANA RD. SUITE 200 STREET ADDRESS STREET ADDRESS 2110 N. Florida Mango, CITY-ST-ZIP LAKE WORTH, FL 33462 CITY-ST-ZIP West Palm Bëach, Fl Change TITLE TITLE Delete NAME JOHNSON, TERESA NAME Hazel Lucas 1700 N. AUSTRALIAN AVE. STREET ADDRESS STREET ADDRESS Florida Rural Legal Services 423 Fern Street Ste 220 WPR CITY-ST-ZIP W. PALM BEACH, FL 33401 CITY-ST-ZIP Fern Street 133401 D Change TITLE Delete TITLE STEINBACHER, CASEY NAME NAME Angela Usher STREET ADDRESS 3970 RCA BLVD., STE. 7101 STREET ADDRESS 3300 Forest Hill Blvd. Ste. C-110 CITY-ST-ZIP PALM BEACH GARDENS, FL 334104231 CITY-ST-ZIP <u>West Palm Bëach Fl.</u> 33406 TITLE VPDX Change Addition TITLE X Delete James, Ticomb 301 N. Olive Ave., 10th#FF11Stec. 1002.17 TITCOMB, JAMES NAME STREET ADDRESS 301 N. OLIVE AVE., 10TH FLOOR, STE.1002.17 STREET ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33401 CITY-ST-ZIP West Palm Beach, Fl 33401 X Change TITLE Delete TITLE ■ Addition Dorothy Walker 349 SE Third Street Belle Glade, Fl 33430 WALKER, DOROTHY NAME NAME STREET ADDRESS 349 SE THIRD ST. STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 CITY-ST-ZIP Change TITLE SD TITLE ☐ Addition Delete WHEAT, TIM NAME NAME Annetta Jenkins 1655 Palm BEach Lakes Blvd. Ste. 610 1921 AHBEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP West Palm Beach, Fl 33401

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 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 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 to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed in the chapter 617 in the component of the component of the chapter 617.

SIGNATURE:

indee LaCourse-Blum

Daytime Phone #

ADDITION: X

TITLE:

NAME:

Stuart L. Scharaga

STREET ADDRESS: P.O. Box 31599

CITY-ST-ZIP: Palm Beach Gardens, FL 33420

ADDITION: X

TITLE:

D

NAME:

Thomas Roberts

STREET ADDRESS: 601 Covenant Drive

CITY-ST-ZIP: Belle Glade, Florida 33430

ADDITION: X

TITLE:

SD

NAME:

Suzanne Cabrera

STREET ADDRESS: 700 South Dixie Highway

CITY-ST-ZIP: West Palm Beach, FL 33401

ADDITION: X

TITLE:

ED

NAME:

Cindee LaCourse-Blum

STREET ADDRESS: 160 Australian Avenue, Suite 160

CITY-ST-ZIP: West Palm Beach, FL 33406