


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90049 036 \*\*\*\*61.25

<b>DOCUMENT # N06876</b> 1. Entity Name <b>PALM BEACH COUNTY ESTATE PLANNING COUNCIL, INC.</b>					
Principal Place of Business <b>18838 N. OSPREY WAY JUPITER, FL 33458</b>				Mailing Address <b>P.O. BOX 7196 WEST PALM BEACH, FL 33405</b>	
2. Principal Place of Business <b>2547 Lochmore Rd.</b> Suite, Apt. #, etc.				3. Mailing Address <b>2547 Lochmore Rd</b> Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>65-0163826</b>	
Zip <b>33407</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SELIGMAN, BRENDA 11380 PROSPERITY FARMS ROAD SUITE 210B PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name <b>Adrienne Griffin</b> Street Address (P.O. Box Number is Not Acceptable) <b>2547 Lochmore Rd</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33407</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><i>Adrienne Griffin</i></u> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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 Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RANDALL, CEIL SCHNEIDER ESQ 240 ROYAL PALM WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOCHMAN, ELLIOT F ESQ 3300 PGA BOULEVARD #500 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONE, MICHAEL S 440 COLUMBIA DR. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORA, ABE ESQ. 777 S FLAGLER DRIVE, WEST TOWER #900 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOSKEY, DEBRA 2401 PGA BLVD., #198 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELIGMAN, BRENDA CPA 11380 PROSPERITY FARMS ROAD, STE 210B PBG, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u><i>Elliot F. Hochman</i></u> <span style="float: right;">1/20/05 01/20/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>ELLIOT F. HOCHMAN</b>					

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01112005 Chg-NP CR2E037 (10/03)