

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90041 045 ****61.25

DOCUMENT # N06876

1. Entity Name
**PALM BEACH COUNTY ESTATE PLANNING COUNCIL,
INC.**



Principal Place of Business
**2547 LOCHMORE ROAD
WEST PALM BEACH, FL 33407**

Mailing Address
**2547 LOCHMORE ROAD
WEST PALM BEACH, FL 33407**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0163826

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIFFIN, ADRIENNE
2547 LOCHMORE ROAD
WEST PALM BEACH, FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **RANDELL, CEIL SCHNEIDER ESQ**
STREET ADDRESS **777 S FLAGLER DRIVE, 900W**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **VPD** ☐ Delete
NAME **KOHNER, MICHAEL L**
STREET ADDRESS **777 SOUTH FLAGLER DRIVE, SUITE 1700W**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TD** ☐ Delete
NAME **LEONE, MICHAEL S**
STREET ADDRESS **440 COLUMBIA DR.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **SD** ☐ Delete
NAME **HARVAN, DAVID**
STREET ADDRESS **900 S US HIGHWAY ONE #400**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete
NAME **MCCLOSKEY, DEBRA**
STREET ADDRESS **2401 PGA BLVD., #198**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **JONES, MARSHALL**
STREET ADDRESS **470 COLUMBIA DRIVE, #G-201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **Robert M. Burns**
STREET ADDRESS **3399 PGA BLVD.**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12: 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08
Date

561-805-6640
Daytime Phone #