

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/5/2008-90001-037-\$61.25-\$61.25

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|--|--|--|--|--|--|
| DOCUMENT # N07000005183 1. Entity Name DELRAY BEACH PRESERVATION TRUST, INC. | | | | | |
| Principal Place of Business 701 N. SWINTON AVE. DELRAY BCH, FL 33444 | | | Mailing Address 701 N. SWINTON AVE. DELRAY BCH, FL 33444 | | |
| 2. Principal Place of Business - No P.O. Box # 777 E Atlantic Ave | | 3. Mailing Address Suite, Apt. #, etc. Ste C2 250 | | | |
| City & State Delray Beach | | City & State Delray Beach | | | |
| Zip 33444 | | Country Palm Bch | | Zip 33483 | |
| 4. FEI Number 26-0257807 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LANDRY, LIVIA 701 N. SWINTON AVE. DELRAY BCH, FL 33444 | | | 7. Name and Address of New Registered Agent Name LOIS BREZINSKI Street Address (P.O. Box Number is Not Acceptable) 777 E Atlantic Ave. City Delray Beach FL Zip Code 33483 | | |
| 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>Lois Brezinski</i></u> DATE <u>Sept 08-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LANDRY, LIVIA 701 N. SWINTON AVE. DELRAY BCH, FL 33444 | <input checked="" 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 | VD WILLIS, CLAUDIA 160 MARINE WAY DELRAY BCH, FL 33483 | <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 | OS BREZINSKI, LOIS 110 NE 7TH ST. DELRAY BCH, FL 33444 | <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 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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| 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: <u><i>Lois Brezinski</i></u> <u>Sept 03-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

FILED

2008 OCT 14 PM 1:40

SECRETARY OF STATE



05142008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANDRY, LIVIA
701 N. SWINTON AVE.
DELRAY BCH, FL 33444

7. Name and Address of New Registered Agent

Name **LOIS BREZINSKI**
 Street Address (P.O. Box Number is Not Acceptable) **777 E Atlantic Ave.**
 City **Delray Beach** **FL** Zip Code **33483**

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

Lois Brezinski

Sept 08-03

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Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

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SIGNATURE:

Lois Brezinski Sept 03-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #