

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08028 (5)

1. Corporation Name

PALM BEACH CHAPTER OF THE CONSTRUCTION SPECIFICA  
TIONS INSTITUTE, INC.

Principal Place of Business

Mailing Address

760 US HWY ONE  
SUITE 301  
N. PALM BEACH FL 33408  
US

760 US HWY ONE  
SUITE 301  
NORTH PALM BEACH FL 33408  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1985

3a. Date of Last Report

04/17/1996

4. FEI Number

59-2556482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JOHNSTON, LORNE C.  
760 US HWY ONE, SUITE 301  
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 LOARNE C. JOHNSTON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/2/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME V  
TOLAR, ROBIN M.  
STREET ADDRESS 3400 N. OCEAN DR., #705  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE ☒ DELETE

NAME S  
SCHAD, MAY ELLEN  
STREET ADDRESS 1700 EMBASY DR., STE 707  
CITY-ST-ZIP WEST PALM BCH. FL 33401-1947

TITLE ☒ DELETE

NAME T  
ISRAEL, JOEL  
STREET ADDRESS 4131 BAYVIEW DR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☒ DELETE

NAME PD  
DAVIS, JAMES J.  
STREET ADDRESS 9815-C WATERMILL CIR.  
CITY-ST-ZIP BOYNTON BCH. FL 33437

TITLE ☐ DELETE

NAME D  
CALDWELL, BRUCE  
STREET ADDRESS 1800 18TH AVE. N.  
CITY-ST-ZIP LAKEWORTH FL 33461

TITLE ☐ DELETE

NAME B  
KULIK, TOM  
STREET ADDRESS 4082 FOREST HILL BLVD.  
CITY-ST-ZIP WEST PALM BCH. FL 33406

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME V  
~~COLLEEN~~ DOWD, COLLEEN  
1.3 STREET ADDRESS 16360 115TH AVE N.  
1.4 CITY-ST-ZIP JUPITER, FL 33478

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME S  
SCHWAB, MINDY  
2.3 STREET ADDRESS 225 SOUTHERN BLVD  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33405

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME T  
SCHAEFER, WARREN  
3.3 STREET ADDRESS 5070 WILLOW POND RD, WEST  
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33471

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D  
ZITO, LOKI  
4.3 STREET ADDRESS 4922 DYER BLVD  
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D  
STOKES, DANNY  
5.3 STREET ADDRESS 9132 WATER COURSE WAY  
5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME P  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: SIGNATURE REQUIRED

7/18/97

561-622-3655

CR2E037 (4/97)