

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08941 (9)
 1. Corporation Name
LEADERSHIP PALM BEACH COUNTY, INC.



Principal Place of Business		Mailing Address	
901 NORTHPOINT PARKWAY SUITE 102 WEST PALM BEACH FL 33407 US		901 NORTHPOINT PARKWAY SUITE 102 WEST PALM BEACH FL 33407 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
04/26/1985

4. FEI Number
59-2569097

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

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

9. Name and Address of Current Registered Agent

CHISMARK, GEORGE
901 NORTHPOINT PARKWAY, 102
WEST PALM BEACH FL 33407

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	1.1 TITLE	
NAME	CHISMARK, GEORGE	1.2 NAME	
STREET ADDRESS	901 NORTHPOINT PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	SD
NAME	CARLINO, DIANE	2.2 NAME	BERTISCH, ROBERT
STREET ADDRESS	9230 CYPRESS HOLLOW DRIVE	2.3 STREET ADDRESS	423 FERN STREET, STE 200
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	SD	3.1 TITLE	VPD
NAME	SUGARMAN, JIM	3.2 NAME	
STREET ADDRESS	2701 N. AUSTRALIAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	KRIELOW, GARY	4.2 NAME	
STREET ADDRESS	2700 P.G.A. BLVD., #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	PD
NAME	STEWART, DEBORAH	5.2 NAME	
STREET ADDRESS	3372 FOREST HILL BLVD., WING A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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: *George E. Chismark*

CR2E037 (10/97)