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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N17008

1. Corporation Name

PALM BEACH JEWISH COMMUNITY CAMPUS CORPORATION

Principal Place of Business

4601 COMMUNITY DRIVE  
WEST PALM BEACH FL 33417-2760

Mailing Address

4601 COMMUNITY DRIVE  
WEST PALM BEACH FL 33417-2760



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/25/1986

4. FEI Number

65-0006250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KLEIN, JEFFREY L.  
4601 COMMUNITY DRIVE  
WEST PALM BEACH FL 33417-2760

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MEYER, ARTHUR I  
STREET ADDRESS 1040 N LAKE WAY  
CITY-ST-ZIP PALM BEACH FL

TITLE SD ☒ DELETE

NAME SIMS, NANCY  
STREET ADDRESS 14 WYCLIFF ROAD  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VPD ☐ DELETE

NAME HOFFMAN, HELEN G  
STREET ADDRESS 150 BRADLEY PLACE, APT 616  
CITY-ST-ZIP PALM BEACH FL

TITLE VD ☐ DELETE

NAME JACOBSON, CHARLES  
STREET ADDRESS 2660 S OCEAN BLVD., 104N  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD  
LEVY, STACEY  
4 SHANNON CIRCLE  
WEST PALM BEACH, FL 33401

2500 S. OCEAN BLVD

TD  
TOCHNER, MAX  
805 FATHOM ROAD  
NORTH PALM BEACH, FL 33406

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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/21/99

561-478-0700