

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17008

FILED
Jan 14, 2004
Secretary of State

Entity Name: PALM BEACH JEWISH COMMUNITY CAMPUS CORPORATION

Current Principal Place of Business:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 334172760

New Principal Place of Business:

Current Mailing Address:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 334172760

New Mailing Address:

FEI Number: 65-0006250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, MICHELLE
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 334172760 US

Name and Address of New Registered Agent:

WASCH, MICHELLE
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 334172760 US

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.

SIGNATURE: MICHELLE WASCH

01/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIST, MARTIN
Address: 223 SUNSETT AVE
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: LEVY, STACEY
Address: 111 REGATTA CIRCLE
City-St-Zip: JUPITER, FL 33477

Title: VD () Delete
Name: LEVY, MARK
Address: 100 CENTURY BBLV
City-St-Zip: PALM BEACH, FL 33417

Title: TD () Delete
Name: TOCHNER, MAX
Address: 885 FATHOM RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VD () Delete
Name: GOLDBLUM, NORMAN
Address: 109 EVERGLADES AVE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LEVY, JUDITH A
Address: 9 VIA LOS INCAS
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTY LIST

PD

01/14/2004

Electronic Signature of Signing Officer or Director

Date