

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24951

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: ART DECO SOCIETY OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

325 SW 29TH AVE  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

325 SW 29TH AVE  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 65-0125115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRUCHTER, GLORIA  
APT. #908  
3800 WASHINGTON ROAD  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOSKOFF, SHARON,  
Address: 325 S.W. 29TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: FRUCHTER, GLORIA,  
Address: 3800 WASHINGTON RD., 908  
City-St-Zip: W. PALM BEACH, FL

Title: D ( ) Delete  
Name: SMITH, MARK,  
Address: 2031 SE GIFFEN AVE  
City-St-Zip: PT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: WEIR, ANNE  
Address: 8228 JOG RD, #300AL  
City-St-Zip: BOYNTON BEACH, FL 33437

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHARON KOSKOFF

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date