1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27011

1. Corporation Name

COMMUNITY DEVELOPMENT COUNCIL OF PALM BEACH COUN TY, INC.

Principal Place of Business 1263 E. LAS OLAS BOULEVARD #202 FORT LAUDERDALE FL 33301 US

2. Principal Place of Business

Mailing Address P.O. BOX 970125 **BOCA RATON FL 33497**

2a. Mailing Address

26

P.O. Bay 972425

FILED
May 24, 1999 8:00 am §
Secretary of State

05-24-1999 90020 004 ****61.25



3. Date Incorporated or Qualifed

06/20/1988

E I		120 1 130	7	<u>,,</u>				~		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			4. FEI Number NOT APPLICABLE			Applied For Not Applicable	
22 City 8 Ct-1		City & State				1101 ATT ETOMBEE		\$8.7	5 Additional	
City & State	28 PSCA RATO			Þ	>1	5. Certifcate of Status Desired			Required	
Zip	Country	Zip Zip	Cou	•		6. Election Campaign Financing		\$5.	00 May Be	
24	25	29 33427	30 PA	Lm'	DEACH				ed to Fees	
	9. Name and Address of Current I		122111			10. Name and Address of New F	Registered /	Agent		
					81 Name					
JERNIGAN, SKEET					82 Street Address (P.O. Box Number is Not Acceptable)					
1263 W. LAS OLAS BLVD.					82 Street Address (P.O. Box Humber is Not Acceptable)					
#202										
FORT LAUDERDALE FL 33301				PE 7 Tip Code					Zip Code	
FORT EAGDERDALE PE 30001				84	City	FL 85				
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of Signature, typed or printed name of registered agent a	ons of, Section 617.0503	/as autnonzed	i by in utes.	ne corporation	is board of directors. Thereby accep	purpose of on the appoint	changing ntment a	g its registered s registered	
12.	OFFICERS AND		13.	Agenta	aigiratura requirec	ADDITIONS/CHANGES TO OF		D DIRE	CTORS IN 12	
TITLE	P	☐ DELET		TLE				Cha	nge Addition	
NAME	JERNIGAN, SKEET	_	1.2 N	ME						
· -	1263 E. LAS OLAS BLVD., SUITE	- 202			ODRESS					
STREET ADDRESS	FORT LAUDERDALE FL 33301	- 202	ı.	TY-ST-						
CITY-ST-ZIP TITLE	D	☐ DELET				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Cha	nge Addition	
NAME	UNGER, CRAIG		2.2 N							
STREET ADDRESS	ALON IN CAMPUT DOAD OUTE	200			LODRESS .					
CITY-ST-ZIP	COCONUT CREEK FL 33408			ITY-ST-						
TITLE	D	☐ DELET						Cha	nge Addition	
NAME	COLLINS, WALTER		3.2 N	AME	j					
STREET ADDRESS	A4A OF 47 OTDEET CHITE AAA		3.3 S1	REET A	ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		3.4. C	ΠY-ST-	.ZIP					
TITLE	D	⊠ DELET			T			X Cha	nge	
NAME	BELMONT, MIKE	,	4.2N	AME	172	ent BASS				
STREET ADDRESS	2541 METROCENTER BLVD., SU	ITE 1	4.3 ST	TREET A	ADDRESS 2	41 METROCENTER BL	AD S	u.te	7	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		4.4 CI	TY-ST-	1 .	EST PALM BEAC	H, P	3.	<u> </u>	
TITLE		☐ DELET	E 5.1 ΤΙ	πE	-	· · · · · · · · · · · · · · · · · · ·		☐ Cha	nge	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 \$1	TREET A	ADDRESS					
City-ST-ZIP	l		5.4 C	TY-\$T-	ZIP					
TITLE	,	☐ DELE1	ΓE 6.1 TI	TLE				☐ Cha	nge Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 ST	TREETA	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP					
14 I hereby	certify that the information supplied with	this filing does not qual	ify for the exe	motio	n stated in Se	ection 119.07(3)(i). Florida Statutes.	I further cer	tify that	the information	

indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 13.07(5)(f). Notice states in the control 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, with all other like empowered.

SIGNATURE: