

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAR -2 PM 2:48

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31230** (8)
1. Corporation Name
HISTORIC PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address
5 NE. 1ST ST. DELRAY BEACH FL 33444 **P.O. BOX 1221 DELRAY BEACH FL 33447**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0191801** 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**

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

JOHNSON, JOHN P
5 N.E. 1ST ST
DELRAY BEACH FL 33444

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/1/95**

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	-BOURQUE, FRANCES
STREET ADDRESS	-106 BASIN DRIVE
CITY - ST - ZIP	-DELRAY BEACH FL 33483
TITLE	D
NAME	-BROWN, MICHAEL
STREET ADDRESS	2000 PALM BEACH LAKES BLD.
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	STD
NAME	-DIVOLL, LESLIE-
STREET ADDRESS	-242 6TH STREET-
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ostrout, Howard	
1.3 STREET ADDRESS	126 S. Hampton Drive	
1.4 CITY - ST - ZIP	Jupiter, FL 33458	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wescott, William	
2.3 STREET ADDRESS	610 Sandpointe Bay South	
2.4 CITY - ST - ZIP	Jupiter, FL 33469	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bright, J. Reeve	
3.3 STREET ADDRESS	29 NE 4th Avenue	
3.4 CITY - ST - ZIP	Delray Beach, FL 33483	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **Howard Ostrout** *[Signature]* DATE **2/1/95** 407-243-0223