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Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31230 (8)

1. Corporation Name

HISTORIC PALM BEACH COUNTY, INC.

Principal Place of Business

5 N.E. 1ST ST.
DELRAY BEACH FL 33444

Mailing Address

P.O. BOX 1221
DELRAY BEACH FL 33447-12213. Date Incorporated or Qualified
03/16/19893a. Date of Last Report
04/19/19964. FEI Number
65-0191801Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 20 N. Swinton Avenue

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, FL

24 Zip
33444Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

JOHNSON, JOHN P
20 N. SWINTON AVENUE
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 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)

1/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME OSTROUT, HOWARD
STREET ADDRESS 126 S. HAMPTON DR.
CITY-ST-ZIP JUPITER FL ☒ DELETETITLE D
NAME WESCOTT, WILLIAM
STREET ADDRESS 610 SANDPOINTE BAY SOUTH
CITY-ST-ZIP JUPITER FL ☒ DELETETITLE STD
NAME BRIGHT, J. REEVE
STREET ADDRESS 29 NE 4TH AVE
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME Donald W. Curl
1.3 STREET ADDRESS 799 St. Alban's Drive
1.4 CITY-ST-ZIP Boca Raton, FL2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Patricia Healy-Golembe
2.3 STREET ADDRESS 19 Andrews Avenue
2.4 CITY-ST-ZIP Delray Beach, FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: J. Reeve Bright

1/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043351

CR2E037 (9/96)