


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N34041 (6)</b> 1. Corporation Name <b>LAND PRESERVATION TRUST OF PALM BEACH COUNTY, IN C.</b>					
Principal Place of Business <b>250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480 US</b>		Mailing Address <b>250 ROYAL PALM WAY SUITE 300 PALM SPRINGS FL 33480 US</b>			
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>25</b> 250 Royal Palm Way <b>26</b> Suite, Apt. #, etc. <b>27</b> Suite 300 <b>28</b> City & State <b>29</b> Palm Beach, FL <b>30</b> Zip <b>31</b> 33480 <b>32</b> Country <b>33</b> USA		3. Date Incorporated or Qualified <b>09/06/1989</b> 4. FEI Number <b>65-0146813</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>COLE, JONATHAN E 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code <b>FL</b>	
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) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, JONATHAN		1.2 NAME		
STREET ADDRESS	250 ROYAL PALM WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. FL		1.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAHLE, CRAIG		2.2 NAME		
STREET ADDRESS	340 ROYAL PALM WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OMURA, DUDLEY		3.2 NAME		
STREET ADDRESS	11911 U.S. HWY. ONE, STE. 207		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH. FL		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLEASON, PATRICK J		4.2 NAME		
STREET ADDRESS	1131 N PALMWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANIKAS, WILLIAMS J.		5.2 NAME		
STREET ADDRESS	639 EAST OCEAN AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAD, LEAH G.		6.2 NAME		
STREET ADDRESS	1628 BOARDMAN AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			1/20/98 (561) 833-7700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 00000000		

CFR2E037 (10/97)

Board of Trustees

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Margarita Abrishami  
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