

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41092

FILED
Jun 15, 2004
Secretary of State**Entity Name:** DESTINATION PALM BEACH, INC.**Current Principal Place of Business:**230 ROYAL PALM WAY
SUITE 405
PALM BEACH, FL 33480 US**New Principal Place of Business:**1392 NORTH KILLIAN DRIVE
SUITE 201
LAKE PARK, FL 33403 US**Current Mailing Address:**230 ROYAL PALM WAY
SUITE 405
PALM BEACH, FL 33480 US**New Mailing Address:**1392 NORTH KILLIAN DRIVE
SUITE 201
LAKE PARK, FL 33403 US**FEI Number:** 65-0236177**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEMADENI, DAVID
230 ROYAL PALM WAY
SUITE 405
PALM BEACH, FL 33480 US**Name and Address of New Registered Agent:**SEMADENI, DAVID
1392 NORTH KILLIAN DRIVE
SUITE 201
LAKE PARK, FL 33403 US

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: DAVID SEMADENI

06/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEMADENI, DAVID,
Address: 230 ROYAL PALM, SUITE 405
City-St-Zip: PALM BEACH, FL 33480

Title: VDS () Delete
Name: MAUS, JOHN,
Address: 312 WORTH AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: O'NEIL, MANNY,
Address: 301 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: TD () Delete
Name: MCALLISTER, LARRY
Address: 21 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEMADENI, DAVID,
Address: 1392 NORTH KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

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 Section 119.07(3)(i), 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: DAVID SEMADENI

DIRE

06/15/2004

Electronic Signature of Signing Officer or Director

Date