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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50275** (9)

1. Corporation Name

DEAF-BLIND DEVELOPMENT CENTER OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

**777 SOUTH FLAGLER DRIVE, SUITE 200
EAST TOWER, PHILLIPS POINT
WEST PALM BEACH FL 33401-5050**

**777 SOUTH FLAGLER DRIVE, SUITE 200
EAST TOWER, PHILLIPS POINT
WEST PALM BEACH FL 33401-5050**

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

65-0367545

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. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 12123 AREACA DR.

26 P.O. BOX 16774

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WELLINGTON, FL

28 WEST PALM BCH., FL

24 Zip

Country

29 Zip

Country

24 33414

25 USA

29 33416-6774

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKLAR, WILLIAM P.
777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **FRUMER, JENNI**
STREET ADDRESS **777 S. FLAGLER DR. STE. 200**
CITY - ST - ZIP **W. PALM BEACH FL 33401**

TITLE **DP** ☒ DELETE

NAME **VREELAND, ROBERT**
STREET ADDRESS **777 S FLAGLER DR STE 200**
CITY - ST - ZIP **W PALM BCH FL**

TITLE **D** ☐ DELETE

NAME **~~SKLAR, WILLIAM P.~~**
STREET ADDRESS **~~777 SOUTH FLAGLER DRIVE, SUITE 200~~**
CITY - ST - ZIP **~~WEST PALM BEACH FL 33401~~**

TITLE **DT** ☐ DELETE

NAME **JONES, DAVID R**
STREET ADDRESS **777 SOUTH FLAGLER DRIVE, SUITE 200**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☐ Change ☒ Addition

1.2 NAME **KEVIN MCGINLEY**
1.3 STREET ADDRESS **2450 PALM ROAD**
1.4 CITY - ST - ZIP **WEST PALM BEACH, FL 33401**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **DELORES GREEN**
2.3 STREET ADDRESS **1724 17TH LANE**
2.4 CITY - ST - ZIP **PALM BEACH GARDENS, FL 33418**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **DOROTHY DOYLE**
3.3 STREET ADDRESS **751 PARKWAY ST.**
3.4 CITY - ST - ZIP **JUPITER, FL 33477**

4.1 TITLE **D/T** ☒ Change ☐ Addition

4.2 NAME **DAVID JONES**
4.3 STREET ADDRESS **15737 75TH AVE. NO.**
4.4 CITY - ST - ZIP **PALM BEACH GARDENS, FL 33418**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **BILL BROWN**
5.3 STREET ADDRESS **1053 MELINDA LANE**
5.4 CITY - ST - ZIP **WEST PALM BEACH, FL 33406**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **BARBARA STROMINGER**
6.3 STREET ADDRESS **824 US HWY 1, STE 200**
6.4 CITY - ST - ZIP **NORTH PALM BEACH, FL 33408**

14. I 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:

David R. Jones (DAVID R. JONES)

4-27-98

561-586-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036483

CR2E037 (10/97)