

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90070 047 ****70.00

DOCUMENT # N95000000891 (0)

1. Corporation Name

Palm Beach County Offshore Festival, Inc.

Principal Place of Business

Mailing Address

7169 49th Terrace North P.O.Box 14066
West Palm Beach, FL 33407 N.P.Bch., FL 33408

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 180 East 13th Street

26 180 East 13th Street

02/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

City & State

27

City & State

65-0566402

Not Applicable

23 Riviera Beach, FL

28 Riviera Beach, FL

5. Certificate of Status Desired ☒ X

\$8.75 Additional Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 33404

25 USA

29 33404

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Harold H. Harms c/o Alley, Maas, P.A.

321 Royal Poinciana Plaza, South

Palm Beach, FL 33480

81 Name
Michael A. Weeks, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
1001 South Flagler Drive, #701

83

84 City
West Palm Beach

FL

85 Zip Code
33401

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 *Michael A. Weeks* Michael A. Weeks, Director February 24, 1999

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent

signed when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	President / Director <input checked="" type="checkbox"/> DELETE
NAME	Harold H. Harms
STREET ADDRESS	P.O.Box 14066
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	V.P./Director <input checked="" type="checkbox"/> DELETE
NAME	Dorothea B. Harms
STREET ADDRESS	P.O.Box 14066
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	Secretary <input checked="" type="checkbox"/> DELETE
NAME	Harold H. Harms
STREET ADDRESS	P.O.Box 14066
CITY-ST-ZIP	North PALM Beach, FL 33408
TITLE	Treasurer <input checked="" type="checkbox"/> DELETE
NAME	Dorothea B. Harms
STREET ADDRESS	P.O.Box 14066
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Neal W. Knight, Jr.
STREET ADDRESS	321 Royal Poinciana Plaza S.
CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/S/Dir./T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kelly R. Dobbs
1.3 STREET ADDRESS	2741 Donald Ross Road
1.4 CITY-ST-ZIP	Palm Bch.Gardens, FL 33410
2.1 TITLE	Board of Dir/Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul W. Milelli
2.3 STREET ADDRESS	4659 126th drive North
2.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
3.1 TITLE	Director / V. Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jim Jackson
3.3 STREET ADDRESS	11708 Riverchase Run
3.4 CITY-ST-ZIP	West Palm Beach, FL 33412
4.1 TITLE	Director / Agent <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael A. Weeks
4.3 STREET ADDRESS	1001 South Flagler Drive, #701
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sheila D. Prieschl
5.3 STREET ADDRESS	4560 Amherst Cir #106
5.4 CITY-ST-ZIP	West Palm Beach, FL 33404
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T. Robert Giese
6.3 STREET ADDRESS	12605 Timber Pine Trail
6.4 CITY-ST-ZIP	Wellington, FL 33414

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, with all other like empowered.

SIGNATURE: *Kelly R. Dobbs* Kelly R. Dobbs 2/23/99 President 561-840-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)