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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000002242 (4)

LAND TRUST OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address					
301 N. ATLANTIC DRIVE LANTANA FL 33462		301 N. ATLANTIC DRIVE LANTANA FL 33462			3. Date Incorporated or Qualified
					05/05/1995
					4. FEI Number Applied For
					65-0620324 Not Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required 6. Election Campaign Financing \$5.00 May Be
22		27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28	···		☐ Yes ☐ No
Zip			Cour	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No
24 25 29			30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
s. Haine and Address of Content neglatered Agent				81 Name	10. Hano and Nadioso of Hotel Hogistate Ngom
TENNYSO	N ROD ESO			60 61 4	The Control of the Co
TENNYSON, ROD ESQ. 1801 AUSTRALIAN AVENUE SOUTH STE 101			['	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33409		,	Ī	83	
				84 City	85 Zip Code
44 5		1015 1500 5: 11 6: 1		<u></u>	FL
office or reg	the provisions of Sections 617.0502 pistered agent, or both, in the State	! and 617.1508, Florida Statut of Florida, Such change was:	es, the ab authorized	ove-named co by the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	familiar with, and accept the obliga	tions of, Section 617.0503, Fl	orida Statu	ites.	
SIGNATURE	gnature, typed or printed name of registered age:	it and title if applicable. (NOT	E: Registered	Agent signature rec	guired when reinstating) DATE
12.	OFFICERS AND		13.	UU	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DÉLETE	1.1 TITL	LE	☐ Change ☐ Addition
NAME	TENNYSON, ELIZABETH		1.2 NAN	ME	
STREET ADDRESS	301 N. ATLANTIC DRIVE		1 2 CTD		
CITY-ST-ZIP	LANTANA FL 33462		เออเก	REET ADDRESS	
TITLE			1.4 CIT	Y-ST-ZIP	
	VD	DELETE	1.4 CIT 2.1 TITL	Y-ST-ZIP	☐ Change ☐ Addition
NAME	PAINTER, PATRICK	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM	Y-ST-ZIP LE ME	☐ Change ☐ Addition
STREET ADDRESS	PAINTER, PATRICK 12887 RAYMOND DRIVE	DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	Y-ST-ZIP LE ME MET ADORESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL	_	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	Y-ST-ZIP LE ME ME MET ADDRESS TY-ST-ZIP	
STREET ADDRESS CITY - ST - ZIP TITLE	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL D	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2. 4 CIT 3.1 TITL	Y-ST-ZIP LE ME ME REET ADDRESS TY-ST-ZIP	_ · ·
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL D JONES, LLOYD	_	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP LE ME ME MET ADDRESS TY-ST-ZIP E ME	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL D JONES, LLOYD 4500 S. OCEAN BLVD	_	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST-ZIP LE ME ME MET ADDRESS MY-ST-ZIP LE ME ME	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL D JONES, LLOYD 4500 S. OCEAN BLVD S. PALM BEACH FL 33480	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CITY	Y-ST-ZIP LE ME ME METADDRESS Y-ST-ZIP LE ME	: Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL D JONES, LLOYD 4500 S. OCEAN BLVD S. PALM BEACH FL 33480 D	_	1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	Y-ST-ZIP LE LE ME ME WET ADDRESS Y-ST-ZIP E ME ME WET ADDRESS Y-ST-ZIP E E	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL D JONES, LLOYD 4500 S. OCEAN BLVD S. PALM BEACH FL 33480 D LEAS, MINNIE P	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAA	Y-ST-ZIP LE LE ME ME WEET ADDRESS Y-ST-ZIP E ME ME WEET ADDRESS Y-ST-ZIP E MME ME	: Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PAINTER, PATRICK 12887 RAYMOND DRIVE LOXAHATCHEE FL D JONES, LLOYD 4500 S. OCEAN BLVD S. PALM BEACH FL 33480 D LEAS, MINNIE P 218 N. ATLANTIC DRIVE	☐ DELETE	1.4 CITV 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NA4 4.3 STR	Y-ST-ZIP LE LE ME	: Change Addition
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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.

FILED

Jan 27 1998 8:00am

Secretary of State

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