


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000004973 1. Entity Name CULTURAL TRUST OF THE PALM BEACHES, INC.						FILED 07 NOV 28 PM 4: 32 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10300 W FOREST HILL BLVD SUITE 220A WELLINGTON, FL 33414				Mailing Address 10300 W FOREST HILL BLVD SUITE 220A WELLINGTON, FL 33414 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER, PA 660 US HIGHWAY ONE, THIRD FLOOR NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <div style="text-align: center;"> 600112716696 11/30/07--01012--008 **61.25 </div> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HASAK, RENEE 10300 W FOREST HILL BLVD SUITE 220A WELLINGTON, FL 33414 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ms. Tensy Caine 14768 Stirrup Lane Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCKINLEY, VALERIE 10300 W FOREST HILL BLVD SUITE 220A WELLINGTON, FL 33414 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Philip M. DiComo 660 U.S. Hwy #1, 3rd FL, NPalm Beach, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUKIENIK, LEONARD 10300 W FOREST HILL BLVD SUITE 220A WELLINGTON, FL 33414 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Dongilla 1962 Staimford Circle Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD ARMAND, SCOTT 10300 W FOREST HILL BLVD SUITE 220A WELLINGTON, FL 33414 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Armand, Scott 11388 Okechobee Blvd. Stt B Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEmeritusD (Add) <input type="checkbox"/> Delete Dick Palenschat 1530 Grantham Dr. Wellington, FL 33414			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tamara Gerber 3825 Santa Barbara Dr. Wellington, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEmeritusD (Add) <input type="checkbox"/> Delete Tim A. Fox 6020 Lake Worth Road Lake Worth FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Dagmar Reis c/o 6860 U.S. Highway One 3rd FL North Palm Beach, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Philip M. DiComo</u> Philip M DiComo Dir. 11/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

561-627-8100