

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 045 ****70.00

DOCUMENT # N97000001172

1. Entity Name

DEPORRES P.L.A.C.E., INC.



Principal Place of Business

100 W 20TH STREET
RIVIERA BEACH FL 33404

Mailing Address

100 W 20TH STREET
RIVIERA BEACH FL 33404

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0747575

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANSONIA, CARA ESQ.
350 CAMINO GARDENS BLVD
STE 301
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, VINCENT	
STREET ADDRESS	103 STARLING AVE.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIMOWITZ, DIANE	
STREET ADDRESS	750 OCEAN ROYALE WAY #605	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	EXWORTHY, MARGARET A	
STREET ADDRESS	810 N OLIVE AVE, APT D	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERTZ, PATRICIA	
STREET ADDRESS	123 BROOKHAVEN CT.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRICK, JOHN	
STREET ADDRESS	15100 PALMWOOD DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZAMBERLETTI, ROMEO	
STREET ADDRESS	56 BALFOUR RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Lam Lees	
STREET ADDRESS	810 N Olive Ave	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Judy Daino	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7115 Eagle Terrace	
STREET ADDRESS	West Palm Beach, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alison O'Brien	
STREET ADDRESS	272 Eagleton Estates Blvd	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sister Margaret A Exworthy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

561-863-5778

Daytime Phone #