2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006096

1. Entity Name
PROLOGUE SOCIETY OF PALM BEACH COUNTY, INC.

Principal Place of Business	*Mailing Address*
11301 U.S. HWY ONE C/O NORTHERN TRUST BANK NORTH PALM BEACH, FL 33408	11301 U.S. HWY ONE C/O NORTHERN TRUST BANK NORTH PALM BEACH, FL 33408

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02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0792630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SACHER, CHARLES P
2655 LEJEUNE ROAD, #1101
CORAL GABLES, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000034794
02/05/04-80099-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEYMOUR, GORT
STREET ADDRESS	13725 LE HAVRE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	REGAN, DOUGLAS P
STREET ADDRESS	301 YAMATO ROAD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DST
NAME	BRACCI, MICHAEL J
STREET ADDRESS	11301 U S HIGHWAY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	CORBETT, DAN
STREET ADDRESS	14253 U.S. HWY. 1
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	D
NAME	CRARY, RICK II
STREET ADDRESS	722 S.W. KEATS AVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	RAMPELL, RICHARD
STREET ADDRESS	122 NO. CANTY RD
CITY-ST-ZIP	PALM BEACH, FL 33480

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12. 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 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: _____ 2/2/04 (561) 622-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael J. Bracci