

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006096

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



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

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



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000822085
02/19/08-80053-003 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 BROOKSHIRE, JONATHAN
STREET ADDRESS 11301 US HWY ONE
CITY-ST-ZIP PALM BEACH, FL 33480

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 ST
NAME GERBUS, JACQUELINE
STREET ADDRESS 11301 US HWY ONE
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 (561) 622-4600

Date

Daytime Phone #