

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90019 014 \*\*\*\*61.25

**DOCUMENT # N98000001486**

1. Corporation Name

**CONSERVATION ALLIANCE OF PALM BEACH COUNTY, INC.**

Principal Place of Business

**505 SOUTH FLAGLER DRIVE #1100  
WEST PALM BEACH FL 33401-3475**

Mailing Address

**505 SOUTH FLAGLER DRIVE #1100  
WEST PALM BEACH FL 33401-3475**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip **30** Country

3. Date Incorporated or Qualified

**03/13/1998**

4. FEI Number

**65-0826570**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B  
505 SOUTH FLAGLER DRIVE #1100  
WEST PALM BEACH FL 33401-3475**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1.1 TITLE** **D** ☒ DELETE  
**1.2 NAME** **HIGH, PATRICIA M**  
**1.3 STREET ADDRESS** **241 WALTON BOULEVARD**  
**1.4 CITY-ST-ZIP** **WEST PALM BEACH FL 33405**

**2.1 TITLE** **D** ☐ DELETE  
**2.2 NAME** **ENGELS-GULDEN, DOROTHY**  
**2.3 STREET ADDRESS** **220 SUNRISE AVENUE**  
**2.4 CITY-ST-ZIP** **PALM BEACH FL 33480**

**3.1 TITLE** **D** ☒ DELETE  
**3.2 NAME** **BEEBER, BARRY**  
**3.3 STREET ADDRESS** **2576 IRMA LAKE DRIVE**  
**3.4 CITY-ST-ZIP** **WEST PALM BEACH FL 33411**

**4.1 TITLE** **D** ☒ DELETE  
**4.2 NAME** **WILSON, CAROL A**  
**4.3 STREET ADDRESS** **145 SANTA LUCIA DRIVE**  
**4.4 CITY-ST-ZIP** **WEST PALM BEACH FL 33405**

**5.1 TITLE** **D** ☒ DELETE  
**5.2 NAME** **BROOKS, VIVIAN**  
**5.3 STREET ADDRESS** **1002 PASEO MORELLA**  
**5.4 CITY-ST-ZIP** **WEST PALM BEACH FL 33405**

**6.1 TITLE** **D** ☐ DELETE  
**6.2 NAME** **STORY, HOWARD C JR.**  
**6.3 STREET ADDRESS** **620 NORTH LAKE WAY**  
**6.4 CITY-ST-ZIP** **PALM BEACH FL 33480**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** **P/D** ☒ Change ☐ Addition  
**1.2 NAME** **STORY, HOWARD C JR.**  
**1.3 STREET ADDRESS** **620 NORTH LAKE WAY**  
**1.4 CITY-ST-ZIP** **PALM BEACH FL 33480**

**2.1 TITLE** **T/D** ☒ Change ☐ Addition  
**2.2 NAME** **ENGELS-GULDEN, DOROTHY**  
**2.3 STREET ADDRESS** **222 SUNRISE AVE**  
**2.4 CITY-ST-ZIP** **PALM BEACH FL 33480**

**3.1 TITLE** **S/D** ☐ Change ☒ Addition  
**3.2 NAME** **MCCRACKEN, JOHN B**  
**3.3 STREET ADDRESS** **505 SOUTH FLAGLER DRIVE #1100**  
**3.4 CITY-ST-ZIP** **WEST PALM BEACH FL 33401-3475**

**4.1 TITLE** **C/D** ☐ Change ☒ Addition  
**4.2 NAME** **ROBERTSON, JR. HARRISON M.**  
**4.3 STREET ADDRESS** **134 Seagate Road**  
**4.4 CITY-ST-ZIP** **PALM BEACH FL 33480**

**5.1 TITLE** **D** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**5/21/99** **(561) 659-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)