

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000001746

1. Corporation Name

THE NATURE AND HERITAGE TOURISM ASSOCIATION OF P
ALM BEACH COUNTY, INC.

Principal Place of Business

1555 PALM BEACH LAKES BLVD. SUITE 414
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD. SUITE 414
WEST PALM BEACH FL 33401

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90063 043 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13205 US Hwy One		26 13205 US Hwy One		03/25/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 531		27 Suite 531		65-0856324	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Juno Beach, FL		28 Juno Beach, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33408		29 33408		30 Palm Beach	

9. Name and Address of Current Registered Agent

GUY, WILLIAM E JR
55 E OCEAN BLVD
STUART FL 34994

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.

Guy C. Bising, Treasurer

4/12/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHMANN, J CHARLES	1.2 NAME	Joseph Smyth
STREET ADDRESS	254 RIVER DRIVE	1.3 STREET ADDRESS	10900 State Road 703
CITY-ST-ZIP	TEQUESTA FL 33459	1.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUY, SHERRY	2.2 NAME	Marge Murray
STREET ADDRESS	700 ST LUCIE CRESCENT	2.3 STREET ADDRESS	98 Lake Drive
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	Palm Beach Shores, FL 33404
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISING, GUY	3.2 NAME	Linda Hoppes
STREET ADDRESS	13205 US HWY ONE, SUITE 531	3.3 STREET ADDRESS	100 Australian Avenue
CITY-ST-ZIP	JUNO BEACH FL 33408	3.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Eric Bailey
STREET ADDRESS		4.3 STREET ADDRESS	16346 106th Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jupiter, FL 33478
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Steve Bass
STREET ADDRESS		5.3 STREET ADDRESS	1801 N. Ocean Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Richard Clegg
STREET ADDRESS		6.3 STREET ADDRESS	18091 Coastal Road 1A
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jupiter, FL 33477

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

4/12/99

Date

Daytime Phone #

CR2E037 (11/98)