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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007012

1. Corporation Name

THE COMMUNITY ROUND TABLE SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

11075 BAYBREEZE WAY
BOCA RATON FL 33428

Mailing Address

11075 BAYBREEZE WAY
BOCA RATON FL 33428



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/10/1998 4. FEI Number 65-0892207 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
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9. Name and Address of Current Registered Agent

**ROSENBERG, ARNOLD H
5600 POINSETTA AVENUE
SUITE 1503
WEST PALM BEACH FL 33407**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRULL, AUGUSTIN	1.2 NAME	Barrull, Agustin
STREET ADDRESS	11075 BAYBREEZE WAY	1.3 STREET ADDRESS	11075 Baybreeze Way
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEN, IAN	2.2 NAME	Rosenberg, Arnold H.
STREET ADDRESS	150 COCONUT ROW	2.3 STREET ADDRESS	5600 Poinsetta Ave. Suite 1503
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGK, TOM	3.2 NAME	Lok, Gerald J.
STREET ADDRESS	530 35TH STREET	3.3 STREET ADDRESS	11075 Baybreeze Way
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Santry, Pat
STREET ADDRESS		4.3 STREET ADDRESS	480 35th St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Page, Bernard
STREET ADDRESS		5.3 STREET ADDRESS	532 35th St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Palm Beach FL 33407
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Burnside, Jane
STREET ADDRESS		6.3 STREET ADDRESS	480 NE 35th St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boca Raton, FL 33431

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1999 561 483 409

Date

Daytime Phone #

CR2E037 (11/98)