

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

ORIGINAL
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000097202

1. Entity Name
CONGRESS PROPERTY CORPORATION OF THE PALM
BEACHES, INC.



Principal Place of Business
1241 ROEBUCK CT
WEST PALM BEACH, FL 33401

Mailing Address
1241 ROEBUCK CT
WEST PALM BEACH, FL 33401



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060247

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADO, RENE
1241 ROEBUCK CT
WEST PALM BEACH, FL 33401

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELGADO, RENE
STREET ADDRESS	8492 EGRET MEADOW LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	VPD
NAME	DELGADO, JACQUELINE
STREET ADDRESS	8492 EGRET MEADOW LN
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000453235
03/14/06-80011-023 150.00

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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 607, 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

Date _____

Daytime Phone # _____