

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067656

FILED
Apr 18, 2007
Secretary of State

Entity Name: ATTORNEYS' REAL ESTATE COUNCIL OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

4800 RIVERSIDE DRIVE
SUITE 101
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4800 RIVERSIDE DRIVE
SUITE 101
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZANE, JEFFREY P
4800 RIVERSIDE DRIVE
SUITE 101
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZANE, JEFFREY P
Address: 4800 RIVERSIDE DRIVE, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: HENDERSON, KEVIN G
Address: 1521 FOREST HILLS BLVD. #2
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: CASCIO, CARL A
Address: 525 N.E. 3RD AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD () Delete
Name: PESEL, SUSAN D
Address: 225 N.E. MIZNER BLVD., SUITE 300
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: BOLZ, CHARLES
Address: 5 HARVARD CIRCLE #100
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: GORDON, LEE B
Address: 350 ROYAL PALM WAY, SUITE 403
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY P ZANE

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date