2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067656

FILED Apr 01, 2008 Secretary of State

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

Current Principal Place of Business				New Principal Place of Puginess	
Current Principal Place of Business:				New Principal Place of Business:	
4800 RIVERSIDE DRIVE SUITE 101 PALM BEACH GARDENS, FL 33410			4100 RCA BOULEVARD SUITE 100 PALM BEACH GARDENS, FL 33410		
Current Mailing Address:			New Mailing Address:		
4800 RIVERSIDE DRIVE SUITE 101 PALM BEACH GARDENS, FL 33410			4100 RCA BOULEVARD SUITE 100 PALM BEACH GARDENS, FL 33410		
FEI Number:		FEI Number Applied For () FEI Nur		nber Not Applicable (X)	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of	New Registered Agent:	
ZANE, JEFFREY P 4800 RIVERSIDE DRIVE SUITE 101 PALM BEACH GARDENS, FL 33410 US 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:					
		Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ZANE, JEFFREY 4800 RIVERSIDE	elete P DRIVE, SUITE 101 RDENS, FL 33410		Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () C HENDERSON, KE 1521 FOREST HI WEST PALM BEA	LLS BLVD. #2		Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () C CASCIO, CARL A 525 N.E. 3RD AVI DELRAY BEACH,	ENUE		Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PESEL, SUSAN D	BLVD., SUITE 300		Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () D BOLZ, CHARLES 5 HARVARD CIRC WEST PALM BEA	CLE #100		Title: (Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	GORDON, LEE B	/I WAY, SUITE 403		Title: (Name: Address: City-St-Zip:	() Change() Addition
I hereby certify that the information supplied with this filing does not qualify 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 PD

Electronic Signature of Signing Officer or Director

Date

04/01/2008