

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729734

**Entity Name:** PALM BEACH MARITIME MUSEUM, INC.

**Current Principal Place of Business:**

1518 WEST LANTANA ROAD  
LANTANA, FL 33462

**Current Mailing Address:**

1518 WEST LANTANA ROAD  
LANTANA, FL 33462 US

**FEI Number: 59-1540474**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FAYA, MARIA R  
1518 WEST LANTANA ROAD  
LANTANA, FL 33462 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name BOLIN, STEVE  
Address 8502 CHAPMAN OAK CT  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title CH  
Name BURCKART, WILLIAM  
Address 3184 SW BRIDGE STEET  
City-State-Zip: PORT ST LUCIE FL 34953

Title TREASURER  
Name SHELLEY, SCOTT  
Address 1224 N. C STREET  
City-State-Zip: LAKE WORTH FL 33463

Title VC  
Name BINNS, ANDREW  
Address 5767 SUN POINTE CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY  
Name LEHMAN, JUDY  
Address 5745 DESCARTES CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33472

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JUDY LEHMAN**

**SECRETARY**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date