2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2004 08:00 AM **DOCUMENT # 752115 Secretary of State** 1. Entity Name WORTH AVENUE PROPERTY OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 504 PINTO CIR 504 PINTO CIR. WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 65-0031375 Not Applicable Zio Zφ Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EM, KARBATLY Street Address (P.O. Box Number is Not Acceptable) 250 WORTH AVE PALM BEACH FL 33480 Zip Code City 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 Stonature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when rematating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition Detete MLE mu KASSATLY, EDWARD NAME MAME U00000028303 250 WORTH AVE STREET ADDRESS STREET ADDRESS 02/04/04-80020-009 61.25 PALM BEACH FL CRY-ST-ZP CITY-ST-ZIP SD ☐ Change ☐ Addition Delete REF TITLE SMYTHE, MARTHA MAME NAME 504 PINTO CIR STREET ADDRESS STREET ADDRESS WELLINGTON FL CITY-ST-ZIP GITY-ST-ZIP Addition Change Delete TIBLE 3133.F MAUS, JOHN NAME NAME 312 WORTH AVE STREET ADDRESS STREET ADDRESS PALM BEACH FL CITY - ST- ZIP CITY-ST-ZIP Change Detete 3133 E Addition 33**7**6 F MAAR NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -51 - ZIP Change Addition 33135 Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP DITY - ST-ZIP ETTLE Change ☐ Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS C3TY - ST - Z/P CRY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

FILED