


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90002 050 \*\*\*\*70.00

**DOCUMENT # N07000012207**

1. Entity Name  
**PALM BEACH OSTOMY ASSOCIATION, INC.**



Principal Place of Business  
 12698 HEADWATER CIRCLE  
 WELLINGTON, FL 33414 US

Mailing Address  
 12698 HEADWATER CIRCLE  
 WELLINGTON, FL 33414 US

40110101



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07082008 Chg-NP CR2E037 (12/08)

City & State  
 Zip Country

4. FEI Number  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NORMAN, RICHARD**  
 12698 HEADWATER CIRCLE  
 WELLINGTON, FL 33414

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 # applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NORMAN, RICHARD	
STREET ADDRESS	12698 HEADWATER CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 335414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NUSSBAUM, BARBARA	
STREET ADDRESS	7750 OCEAN SUNSET DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNT, PHYLLIS	
STREET ADDRESS	300 ALT A1A APT #305	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATTERSON, ELLEN	
STREET ADDRESS	5031 C NESTING WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Ellen M. Oliver-Patterson* **ELLEN M. OLIVER-PATTERSON** 8/12/2008 (561)499-4056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR