2002 UNIFORM BUSINESS REPORT (UBR)

2/4/

FILED
Mar 14, 2002 8:00 am
Secretary of State
02-04-2002 90186 011 ****61.50

DOCUMENT # N27074

1. Entity Name

PALM BEACH AREA CHAPTER OF THE RETIRED OFFICERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
P.O. BOX 3345 BOYNTON BEACH FL 33424-3345 US	POST OFFICE BOX 3345 BOYNTON BEACH FL 33424-3345 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0028198 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIRENBERG, ALLAN
5620 BOCA DEL MAR DR
#107
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name CHRIS WATSON

Street Address (P.O. Box Number is Not Acceptable) 7104 NW 43RD ST

CORAL SPRING

City CORAL SPRINGS FL Zip Code 33065

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.

SIGNATURE [signature] 3-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINBURG, RICHARD 9898 HARBOR LAKE CIRCLE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHN MIHALIK 7290 ENCINA LANE BOCA RATON FL 33433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WATSON, CHRIS PO BOX 4421 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRENE KRELL 5961 NW 2nd AVE BOCA RATON, FL 33487	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NIRENBERG, ALLAN 6520 BOCA DEL MAR DR #10 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D M. PHILLIP LORDER 901 E. CAMINO REAL BOCA RATON FL 33432	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LILLING, WILBUR 7772 MAJESTIC PALM DR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK ZAROVSKY 5527 SANDHURST Circle N. LAKEWORTH FL 33463	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSARO, ANGELO 6653 HATTARAS DR LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS SCHILLER 10099 47TH TERR S. BOYNTON BEACH FL 33436	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANK, MERRY 122 FOREST HILL BOULEVARD WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALPH KAROL 4230 ESTES CT. LAKE WORTH FL 33467	☐ Change ☑ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing 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: [signature] WILBUR LILLING 1/11/02 561 739 9248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #