

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90570 015 ****70.00

DOCUMENT # N27074

1. Entity Name
**PALM BEACH AREA CHAPTER OF THE RETIRED OFFICERS
ASSOCIATION INC.**



Principal Place of Business
**P.O. BOX 3345
BOYNTON BEACH FL 33424-3345
US**

Mailing Address
**POST OFFICE BOX 3345
BOYNTON BEACH FL 33424-3345
US**

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

7. Name and Address of New Registered Agent

**WATSON, CHRIS
7104 NW 43RD ST
CORAL SPRINGS FL 33065**

Name **WILBUR LILLING**
Street Address (P.O. Box Number is Not Acceptable)
7772 MAJESTIC PALM DR.
City **BOYNTON BEACH** FL Zip Code **33437**

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 *Wilbur Lilling* Pres **WILBUR LILLING**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/10/03**

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WEINBURG, RICHARD**
STREET ADDRESS **9898 HARBOR LAKE CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Change ☒ Addition
NAME **PHILLIP LORBER**
STREET ADDRESS **901 E CANINO REAL #9A**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **P** ☐ Delete
NAME **WATSON, CHRIS**
STREET ADDRESS **PO BOX 4421**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☐ Change ☐ Addition
NAME **CHRIS WATSON**
STREET ADDRESS **7104 NW 43RD ST**
CITY-ST-ZIP **CORAL SPRINGS 33065**

TITLE **VP** ☐ Delete
NAME **NIRENBERG, ALLAN**
STREET ADDRESS **6520 BOCA DEL MAR DR #10**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VP** ☐ Change ☒ Addition
NAME **IRENE KRELL**
STREET ADDRESS **5961 NW 2nd Ave #211**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **SD** ☐ Delete
NAME **LILLING, WILBUR**
STREET ADDRESS **7772 MAJESTIC PALM DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **P** ☐ Change ☐ Addition
NAME **WILBUR LILLING**
STREET ADDRESS **7772 MAJESTIC PALM DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete
NAME **CASSARO, ANGELO**
STREET ADDRESS **6653 HATTARAS DR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **T** ☐ Change ☒ Addition
NAME **JOHN KHALIK**
STREET ADDRESS **7290 ENCINA LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ Delete
NAME **BLANK, MERRY**
STREET ADDRESS **122 FOREST HILL BOULEVARD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **DETTIE COONEY**
STREET ADDRESS **145 ATLANTIS BLVD #308**
CITY-ST-ZIP **ATLANTIS FL 33462**

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: *Wilbur Lilling* Pres **WILBUR LILLING** 1/10/03 5017399244

CR2E037 (10/02)

Attachment

N29074
40006836

TITLE	S.	☒ ADDITION
NAME	DAVID HERMAN	
STREET ADDRESS	20161 PALM ISLAND DR	
CITY ST ZIP	BOCA RATON, FL 33418	