

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40227** (3)

1. Corporation Name  
**NORTHWOOD AREA BUSINESS ASSOCIATION, INC.**



Principal Place of Business: **424 24TH STREET THIS IS THE PUB WEST PALM BEACH FL 33407-8511 US**  
Mailing Address: **P O BOX 8511 415 25TH STREET WEST PALM BEACH FL 33407-8511 US**

3. Date Incorporated or Qualified: **09/13/1990**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0326487</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GORE, RAYMOND  
2916 E TAMARIND AVE  
WEST PALM BEACH FL 33407**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORE RAYMOND</b>	1.2 NAME	
STREET ADDRESS	<b>2916 W TAMARIND AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, KRISTIN</b>	2.2 NAME	
STREET ADDRESS	<b>4311 BROADWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUEY, ERIC</b>	3.2 NAME	
STREET ADDRESS	<b>4311 BROADWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRECHETTE, WAYNE FIDELITY</b>	4.2 NAME	
STREET ADDRESS	<b>4520 BROADWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUPO, VINCENT</b>	5.2 NAME	
STREET ADDRESS	<b>425 24TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANCH, LYNN</b>	6.2 NAME	
STREET ADDRESS	<b>417 25TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Raymond C. Gore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)