

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

APPROVED
AND
FILED

97 SEP 25 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address

424 24TH STREET THIS IS THE PUB WEST PALM BEACH FL 33407-8511 US

P O BOX 8511 415 25TH STREET WEST PALM BEACH FL 33407-8511 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 22 Suite, Apt. #, etc. 26 27 P.O. BOX 8511 Suite, Apt. #, etc.

23 City & State 28 City & State
W Palm Beach FL

24 Zip Country 29 30 33407 USA

3. Date Incorporated or Qualified **09/13/1990** 3a. Date of Last Report **04/09/1996**

4. FEI Number **65-0326487** Applied For Not Applicable

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

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	GORE RAYMOND	
STREET ADDRESS	2916 W TAMARIND AVE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, KRISTIN	
STREET ADDRESS	4311 BROADWAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRECHETTE, WAYNE	
STREET ADDRESS	4520 BROADWAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUPO, VINCENT	
STREET ADDRESS	425 24TH ST.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANCH, LYNN	
STREET ADDRESS	417 25TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Yvonne Peterman
2.3 STREET ADDRESS	415 Northwood Road
2.4 CITY-ST-ZIP	W Palm Beach FL 33407
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	600002307056--2
3.4 CITY-ST-ZIP	-09/29/97--01192--010
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	*****61.25 *****
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

A. Alan
9/25/97

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED: _____

CR2E037 (4/97)