

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**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 WEST PALM BEACH FL 33407 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	09/13/1990
4. FEI Number	65-0326487
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GORE, RAYMOND**  
2016 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
85	Zip Code

**FL**

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 type="checkbox"/> DELETE
NAME	PETERMAN, YVONNE	
STREET ADDRESS	415 NORTHWOOD ROAD	
CITY-ST-ZIP	W PALM BEACH FL 33407	
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 (deceased)	
STREET ADDRESS	425 24TH STREET	
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	Gore Raymond	
1.3 STREET ADDRESS	2916 W Tamarind Ave	
1.4 CITY-ST-ZIP	W P B FL 33407	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peterman Yvonne	
2.3 STREET ADDRESS	415 Northwood Rd	
2.4 CITY-ST-ZIP	W P B FL 33407	
3.1 TITLE	Trea	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frechette Wayne	
3.3 STREET ADDRESS	4520 Broadway	
3.4 CITY-ST-ZIP	W P B FL 33407	
4.1 TITLE	Gore Jean Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2916 W Tamarind Ave	
4.4 CITY-ST-ZIP	W P B FL 33407	
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		

14. 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 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: *Wayne A. Frechette* Treasurer 3/7/98 (561) 848-5577  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WAYNE A. FRECHETTE  
 Date: 3/7/98 Daytime Phone: (561) 848-5577

CR2E037 (10/97)