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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90214 045 *****61.25

04-27-1999 90214 046 *****8.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751701

1. Corporation Name

HUMAN RESOURCE MANAGEMENT ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

BOX 17016
W PALM BEACH FL 33416-4016

Mailing Address

BOX 17016
W PALM BEACH FL 33416-4016



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/25/1980

4. FEI Number

52-1351992

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

9. Name and Address of Current Registered Agent

DIAS, RONALD F
THE M.I.G COMPANIES
250 AUSTRALIAN AVE S, SUITE 400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

CRAIG, RITA

82 Street Address (P.O. Box Number is Not Acceptable)

2386 INLAND COVE ROAD

83

84 City

PALM BEACH GARDENS FL

85 Zip Code

33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD WOOD, SHELBY**
STREET ADDRESS **5900 AUSTRALIAN AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ DELETE

NAME **VPD CRAIG, RITA**
STREET ADDRESS **2271 LAUREL LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☒ DELETE

NAME **PD DIAS, RONALD F**
STREET ADDRESS **250 AUSTRALIAN AVE, SUITE 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☒ DELETE

NAME **TD EDLEMAN, ANN**
STREET ADDRESS **585 TOXAWAY DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PD

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2386 INLAND COVE ROAD

2.4 CITY-ST-ZIP

PALM BEACH GARDENS, FL. 33410

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VPD FRANCIS, ROBERT

1810 GRANTHAM DRIVE

WELLINGTON, FL 33414

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD

HUNTLEY, DAVID

9025 CHRYSANTHEMUM DR.

BOYNTON BEACH, FL 33437

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 561-734-3029
Date Daytime Phone #

CR2E037 (11/98)

0042608