NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700005611

1. Corporation Name

NORTHBORO PARK HISTORIC NEIGHBORHOOD ASSOCIATION , INC.

Principal Place of Business

Mailing Address

431 37TH STREET WEST PALM BEACH FL 33407 431 37TH STREET WEST PALM BEACH FL 33407

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90004 036 ****70.00

610384-90004-86

	39+1 Street	26 520 39	h Stra	at	10/02/1997		
Suite, Apt.		Suite, Apt. #, etc.		~~	4. FEI Number		Applied For
22		27		ì	65-0813229	, 1	Not Applicable
City & State	B. FLA	City & State	FLA		5. Certifcate of Status Desired	- T	3.75 Additional Fee Required
24 554c	Country 25	29 33407 30	Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
24 0	10. Name and Address of New Registered Agent						
	9. Name and Address of Current		81 Nar	ne / c	ECH, GORDON	P	
LEECH, G	82 Stre			able)			
431 37TH	82 Street Address (P.O. Box Number is Not Acceptable) 400 Executive Center M., Se 201						
l	LM BEACH FL 33407		83	<u> </u>	A CONTRACTOR OF THE PARTY OF TH	• • • •	
WESTFA	LIM DESCRIPE 33407		24 0	•		100	Zip Code
			84 City	West	Palus Brach	FL 85	3340/
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-nam		diam audimite this statement for the	purpose of chang	ring ite registered
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Flaffida. Such change was auth on of. Section 617.0503. Florid	iorized by the co a Statutes.	orporation's	board of directors. I hereby accep	ot the appointmen	it as registered
l	Indank 4001	h 7/14/9	9				
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signat	w beniupen enu		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		
TITLE	PD	DELETE	1.1 TITLE	PD			Change Additi
NAME	Martin, Bill	İ	1.2 NAME	HDD	lesburger, scott	T	
STREET ADDRESS	545 37TH STREET		1.3 STREET ADDRE		9 SPRUCE		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP	WF	B F4 33407		
TITLE	VD	DELETE	2.1 TITLE	VD			Change
NAME	LEECH, GORDON R		2.2 NAME	BR	NCH DIANE		•
STREET ADDRESS	431 37TH STREET		2.3 STREET ADORE	ESS 52.	5 38th Street		4
CITY-ST-ZIP	WEST PALM BEACH FL 33407		2.4 CITY-ST-ZIP	し い.1	P.B. PLA 33407		
TITLE	SD	₩ DELETE	3.1 TITLE				Change
NAME	TALIMO, JOE		3.2 NAME	- DE)	OUNG, TRICIA		
STREET ADDRESS	520 39TH STREET		3.3 STREET ADDRE		30th STREET		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		3.4. CITY-ST-ZIP	WP	B FLA 33407		
TITLE	TD	⋈ DELETE	4.1 TITLE	D	,		Change 🗌 Additi
NAME	STAPLES, RICHARD		4. 2 NAME	ALG	IMO, JOSEPH		
STREET ADDRESS	535 36TH STREET		4.3 STREET ADDRE	SS 520	SHA SIMBOL		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		4,4 CITY-ST-ZIP	WF	10 FM 33407		
TITLE	D	⊠ DELETE	5.1 TITLE		····		Change 🔲 Additi
NAME	KNEISS, JAY		5.2 NAME				
STREET ADDRESS	515 39TH STREET		5.3 STREET ADDRE	ess			
CITY-ST-ZIP	WEST PALM BEACH FL 33407	**	5.4 CITY-ST-ZIP	_			
TITLE	,	☐ DELETE	6.1 TITLE				Change
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREET ADDRE	ESS			
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: