2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005611

527 36TH STREET

WEST PALM BEACH, FL 33407

Address:

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Entity Name: NORTHBORO PARK HISTORIC NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 531 36TH STREET WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** P.O. BOX 8377 WEST PALM BEACH, FL 33407 FEI Number: 65-0813229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLETTE, RICHARD **531 36TH STREET** WEST PALM BEACH, FL 33407 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COLLETTE, RICHARD Name: Name: 531 36TH ST. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: () Delete Title: (X) Change () Addition BIEDERWOLF, RICK Name: KNEISS, JAY Name: Address: 502 38TH STREET Address: 515 39TH STREET City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: () Delete Title: VPD (X) Change () Addition MICHAEL, CROSS MICHAEL, CROSS Name: Name: Address: 534 36TH STREET Address: 534 36TH STREET City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 (X) Change () Addition Title: () Delete Title: TR CHRISTOPHER, JETTE Name: Name: CHRISTOPHER, JETTE Address: 527 36TH STREET Address: 527 36TH STREET City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: (X) Delete Title: () Change () Addition KAI LI, JETTE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD COLLETTE PD 04/27/2005