

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751701

FILED
Apr 24, 2007
Secretary of State

Entity Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

BOX 17016
W PALM BEACH, FL 334167016 US

New Principal Place of Business:

Current Mailing Address:

BOX 17016
W PALM BEACH, FL 334167016

New Mailing Address:

FEI Number: 52-1351992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, LAURIE B
4040 DORADO DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LANTZ, ROY
Address: 1177 NW 118TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: PDE () Delete
Name: OTERO, OLGA
Address: 1450 CENTREPARK BLVD. #300
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD () Delete
Name: BRIGID, SAIA
Address: 16299 122ND DRIVE N
City-St-Zip: JUPITER, FL 33478 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OTERO, OLGA
Address: 9162 WINDING WOODS DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: PDE (X) Change () Addition
Name: CULTRERA, DOMINIQUE
Address: 8683 WOODGROVE HARBOR LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD (X) Change () Addition
Name: DONLON, LARA
Address: 701 NORTHPOINT PARKWAY, SUITE 209
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: LARA DONLON

TD

04/24/2007

Electronic Signature of Signing Officer or Director

Date