2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003732

FILED Apr 29, 2008 Secretary of State

Entity Name: NEIGHBORHOOD ASSOCIATION PRESIDENT'S COUNCIL INC.

Current Principal Place of Business: New Principal Place of Business:

414 SOUTH M STREET LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

414 SOUTH M STREET P.O. BOX 376

LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

FEI Number: 26-0277050 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:

SAVAGE, DAVID 432 SOUTH J STREET LAKE WORTH, FL 33460 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:

Clarkeria Cinnakura of Davietanad Araut

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 CD () Delete
 Title:
 CD (X) Change () Addition

 Name:
 ILNISKY, MICHAEL
 Name:
 CALHOUN, MICHAEL

 Address:
 1426 NORTH K ST
 Address:
 415 NORTH K ST

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 CALHOUN, MICHAEL
 Name:
 ILNISKY, MICHAEL

 Address:
 415 NORTH K ST
 Address:
 1426 NORTH K ST

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 KALTMAN, LAUREN
 Name:
 STEVENS, SHARON

 Address:
 821 SOUTH M ST
 Address:
 15 GULFSTREAM RD # 706

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: DT () Delete Title: () Change () Addition

 Name:
 MTCHELL, JAMES
 Name:

 Address:
 414 SOUTH M ST
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

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: JAMES S MITCHELL DT 04/29/2008