## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#751701** 

Jan 16, 2009 Secretary of State

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

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

W PALM BEACH, FL 334167016 US

**Current Mailing Address: New Mailing Address:** 

**BOX 17016** 

W PALM BEACH, FL 334167016 US

**OFFICERS AND DIRECTORS:** 

FEI Number: 52-1351992 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:

LAW OFFICE OF GLEN J. TORCIVIA & ASSOCIATE 701 NORTHPOINT PARKWAY SUITE 209 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:

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

DOMINIQUE, CULTRERA DONLON, LARA Name: Name: 6000 BROKEN SOUND PKWY, 2ND FLOOR Address: 701 NORTHPOINT PKWY, SUITE 209 Address: City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip: WEST PALM BEACH, FL 33407 US

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

DONLON, LARA Name: DOMINIQUE, CULTRERA Name:

Address: 701 NORTHPOINT PKWY #209 Address: 6000 BROKEN SOUND PKWY, 2ND FLOOR

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: BOCA RATON, FL 33487

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

HANDEL, BOB ALTSCHULER, BRIAN Name: Name: Address: 6512 65TH WAY Address: 800 MEADOWS ROAD City-St-Zip: WEST PALM BEACH, FL 33409 US City-St-Zip: BOCA RATON, FL 33486 US

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

GARY, SAPIR Name: OTERO, OLGA Name:

1450 CENTRE PARK BLVD, #300 10779 SEA CLIFF CIRCLE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: BOCA RATON, FL 33498

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

DURANT, MARILYN Name: Name: 10090 FANFARE DR. Address: Address: City-St-Zip: BOCA RATON, FL 33409 City-St-Zip:

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

SAPIR GARY Name: Name: Address: 10779 SEA CLIFF CIRCLE Address: BOCA RATON, FL 33498 City-St-Zip: 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: GARY SAPIR D 01/16/2009