

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90705 037 ****61.25

DOCUMENT # N09876

1. Entity Name

**PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I
NC.**



Principal Place of Business

**CITY OF GREENACRES
5985 10TH AVE NORTH
GREENACRES FL 33463
US**

Mailing Address

**CITY OF GREENACRES
5985 10TH AVE NORTH
GREENACRES FL 33463
US**

2. Principal Place of Business

TOWN OF LANTANA

Suite, Apt. #, etc.

500 GREYNOLDS CIRCLE

City & State

LANTANA FL

Zip
33462

Country
US

3. Mailing Address

TOWN OF LANTANA

Suite, Apt. #, etc.

500 GREYNOLDS CIRCLE

City & State

LANTANA FL

Zip
33462

Country
US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2552614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATALLAH, WADIE
5985 10TH AVE NORTH
GREENACRES FL 33463**

7. Name and Address of New Registered Agent

Name **BORNSTEIN, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

500 GREYNOLDS CIRCLE

LANTANA FL

City

33462

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **ATALLAH, WADIE**
STREET ADDRESS **5985 10TH AVE NORTH**
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **PD** ☒ Delete
NAME **HAWKINS, WILFRED**
STREET ADDRESS **100 E. BOYINTON BEACH BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33425-0310**

TITLE **VD** ☐ Delete
NAME **STEWART, SHERYL**
STREET ADDRESS **10500 N MILITARY TRAIL**
CITY-ST-ZIP **PALM BEACH GARDENS F 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **ATALLAH, WADIE**
STREET ADDRESS **5985 10TH AVE NORTH**
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **STD** ☐ Change ☒ Addition
NAME **MICHAEL BORNSTEIN**
STREET ADDRESS **500 GREYNOLDS CIRCLE**
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE **PD** ☒ Change ☐ Addition
NAME **STEWART, SHERYL**
STREET ADDRESS **10500 N. MILITARY TRAIL**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATALLAH, WADIE

CR2E037 (10/02)