

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011085

**FILED  
Jan 30, 2019  
Secretary of State  
6821801306CC**

**Entity Name:** NEIGHBORHOOD ALLIANCE OF PALM BEACH, INC.

**Current Principal Place of Business:**

333 SEASPRAY AVENUE  
PALM BEACH, FL 33480

**Current Mailing Address:**

333 SEASPRAY AVENUE  
PALM BEACH, FL 33480 US

**FEI Number:** 90-0664169

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEPPER, ANNE C  
333 SEASPRAY AVENUE  
PALM BEACH, FL 33480 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

**Officer/Director Detail :**

Title D  
Name CLONINGER, JEFFREY A  
Address 411 BRAZILIAN AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title D/T  
Name PEPPER, ANNE C  
Address 333 SEASPRAY AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title D/S  
Name REED, POLLY  
Address 231 CHILEAN AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR, OFFICER  
Name WATTS, SUSAN  
Address 44 COCOANUT ROW  
City-State-Zip: PALM BEACH FL 33480

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANNE PEPPER

**SEC/TREASURER**

**01/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date