## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39895

Entity Name: ASSOCIATION OF OPERATING ROOM NURSES OF THE PALM

BEACHS, FLORIDA, INC.

# **Current Principal Place of Business:**

9222 SE DUNCAN ST. HOBE SOUND, FL 33455

# **Current Mailing Address:**

9222 SE DUNCAN ST.

HOBE SOUND, FL 33455 US

FEI Number: 65-0169446 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BURNS, LAEL J 9222 SE DUNCAN ST. HOBE SOUND, FL 33455 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

FILED Apr 27, 2014

**Secretary of State** 

CC1504339025

## Officer/Director Detail:

Title PRES Title ST

Name SCHULTZ, ESTHER Name GLILNSKI, HELEN

Address 110 BAYBERRY CIR. Address 6940 43RD TERRACE

City-State-Zip: JUPITER FL 33458 City-State-Zip: WEST PALM BEACH FL 33404

Title T Title E

Name BURNS, LAEL Name GLINSKI, HELEN

Address 9222 SE DUNCAN ST. Address 6940 43RD TERRACE

City-State-Zip: HOBE SOUND FL 33455 City-State-Zip: WEST PALM BEACH FL 33404

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.

**TREASURER** 

SIGNATURE: LAEL J BURNS

Electronic Signature of Signing Officer/Director Detail

04/27/2014

Date