

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706737**

1. Entity Name  
426 ASSOCIATION, INC.



Principal Place of Business  
426 N.E. 7TH AVENUE  
APT. #2-A  
DELRAY BEACH, FL 33483

Mailing Address  
426 N.E. 7TH AVENUE  
APT. #2-A  
DELRAY BEACH, FL 33483



04012008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1155230

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CLARK, HERMAN E  
551 SE 8TH ST STE 500  
DELRAY BEACH, FL 33483

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KEARNS, MARGARET T
STREET ADDRESS	426 NE 7TH AVENUE APT 2-B
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	T
NAME	BECKER, JARROD
STREET ADDRESS	426 NE 7TH AVE 1B
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	S
NAME	LAREN, KAREN M
STREET ADDRESS	426 NE 7TH AVENUE APT 2D
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000001734  
04/16/08-80013-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #