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

Mailing Address

APT. #2-D

426 N.E. 7TH AVENUE

DELRAY BEACH FL 33483

## **DOCUMENT # 706737**

1. Entity Name

426 ASSOCIATION, INC.

Principal Place of Business

426 N.E. 7TH AVENUE

DELRAY BEACH FL 33483

APT. #2-D



**FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90172 046 \*\*\*\*61.25



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2. Principal Place of Business 3. M			3. Maili	Mailing Address				-						
Suite, Apt. #, etc. S			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State C			City	ty & State				4. FEI Number <b>59-1155230</b>					ed For Applicable	
Zip Country Zip				Country								75 Additional Required		
	0 N	and Address of Current	Pogletere.	d Agent			<del></del>	7. Name and A	ddress of New	Registered A	gent			
	b. Name	and Address of Current	negiatore	a Agein		Name	-			_	·			
	7TH AVEN	UE			Street Address (P.O. Box Number is Not Acceptable)									
.APT. #2-0 DELRAY 0	BEACH FL			City	ru j					Zip Code				
the obligati		ly submits this statement fo tered agent.	r the purp	ose of changing its	registere	ed office or	registere	ed agent, or both,	in the State of F	Torida. I am fa	amiliar w	ith, an	d accept	
SIGNATURE Signature, typed or printed name of registered agent and title if as				plicable. (NOTE: Registered Agent signature required				when reinstating)		DATE			ļ	
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			Ц	\$5.00 May Be Added to Fees	Flo	Make Check Payable to Florida Department of State				
10.		OFFICERS AND DI	RECTORS		11.		Α	ADDITIONS/CHAP	NGES TO OFFIC	CERS AND DIF	ECTOR	S IN 1	0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	426 N.E.	EN, JEFFERY 7TH AVENUE, APT. #2 BEACH FL 33483	_	<b>⊠</b> Delete			-				☐ Char	ge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOUCHA 426 N.E.	rd, roland 7th Avenue, apt. 2g Beach fl 33483	i	Delete			رب از ست:	,	·	- ·	Char	nge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEARNS, 426 N.E.	MARGARET 7TH AVENUE, #2B BEACH FL 33483	-	□ Delete				sident			<b>▼</b> Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			KAY 426	e Presid DAVID N.E. 7t ray Beac	h Aven	ue, Apt 33483	□ Cha #	E-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			Tre RIC 426 Del	asurer HARD CUF N.E. 7t ray Beac	RLEY th Aven	ue, Apt		Α-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		~	6	☐ Delete			JOA 426	retary N M. MOF N.E. 7t ray Beac	h Aven	_	□ Cha	•	Addition - 2	

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 provegor to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if so with all other like empowered. 12. I hereby certify that the information supplied indicated on this report or supplemental epo of the corporation or the receiver of trustee e changed, or on an attachment wi

SIGNATURE:

561-278-3214