

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 723676 (3)**  
1. Corporation Name  
**EPILEPSY ASSOCIATION OF THE PALM BEACHES, INC.**



Principal Place of Business Mailing Address  
**5730 CORPORATE WAY  
SUITE 220  
W. PALM BEACH FL 33407  
US**

3. Date Incorporated or Qualified **06/15/1972** 3a. Date of Last Report **04/04/1995**  
4. FEI Number **59-1524994** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

**BROWN, SUSAN W.  
5730 CORPORATE WAY  
SUITE 220  
WEST PALM BEACH FL 33407**

## 10. Name and Address of New Registered Agent

81 Name **Kathy Carmody**  
82 Street Address (P.O. Box Number is Not Acceptable) **5730 Corporate Way Suite 220**  
83 **West Palm Beach, FL**  
84 City **West Palm Beach** 85 Zip Code **FL 33407**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kathy A. Carmody*  
Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

**2/15/96**  
DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SAIDE, JOSEPH	
STREET ADDRESS	12828 CALAIS CIR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, WALTER M.D.	
STREET ADDRESS	5205 GREENWOOD AVE. SUITE 200	
CITY-ST-ZIP	W. PALM BCH. FL 33407	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARMODY, KATHY	
STREET ADDRESS	2444 METROCENTRE BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NAPONICK, PAUL	
STREET ADDRESS	1161 HOLLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOPPMAN, ROBERT	
STREET ADDRESS	2135 S CONGRESS AVE 1C	
CITY-ST-ZIP	W PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carol Ann Devine	
1.3 STREET ADDRESS	473 Woodside Drive	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Mooney	
3.3 STREET ADDRESS	11473 Riverwood Place	
3.4 CITY-ST-ZIP	North Palm Beach, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kathy A. Carmody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/96**

**407/478-6515**  
Daytime Phone

CR2E037 (12/95)