


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90057 020 \*\*\*\*61.25

<b>DOCUMENT # N01000002113</b> 1. Entity Name <b>BRYANT PARK NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>114 S "O" STREET LAKE WORTH, FL 33460</b>			Mailing Address <b>P.O. BOX 170 LAKEWORTH, FL 33460</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1074821</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, LAUREL 114 SOUTH O STREET LAKE WORTH, FL 33460</b>				7. Name and Address of New Registered Agent Name <b>Erin Allen (Secretary)</b> Street Address (P.O. Box Number is Not Acceptable) <b>208 S. Lakeside Dr. #513</b> City <b>Lake Worth, FL</b> Zip Code <b>33460</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Erin Allen</i></u> <b>ERIN ALLEN</b> DATE <b>2/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PETERSON, TRACY ROSOF</b> <b>331 LAKESIDE S</b> <b>LAKE WORTH, FL 33460</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/P</b> <b>Bo Allen</b> <b>208 S. Lakeside Dr. #513</b> <b>Lake Worth, FL 33460</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORRISSEY, J.J.</b> <b>15 S GOLFVIEW LANE</b> <b>LAKE WORTH, FL 33460</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Erin Allen</b> <b>208 S. Lakeside Dr. #513</b> <b>Lake Worth, FL 33460</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUKIN, JAMES B</b> <b>208 S LAKESIDE DR #407</b> <b>LAKE WORTH, FL 33400</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Sharon Stevens</b> <b>15 S. Golfview Rd. #706</b> <b>Lake Worth, FL 33460</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBINSON, HERMAN</b> <b>114 SOUTH O STREET</b> <b>LAKE WORTH, FL 33460</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Erin Allen</b> <b>208 S. Lakeside Dr. #513</b> <b>Lake Worth, FL 33460</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBINSON, LAURAL</b> <b>114 SOUTH "O" STREET</b> <b>LAKE WORTH, FL 33460</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sharon Stevens</b> <b>15 S. Golfview Rd. #706</b> <b>Lake Worth, FL 33460</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Erin Allen</i></u> <b>ERIN ALLEN</b> DATE <b>2/8/05</b> (561)588-7243 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					