

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002113

FILED
Feb 27, 2008
Secretary of State

Entity Name: BRYANT PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

807 LUCERNE AVE.
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

15 SOUTH GOLFVIEW RD.
#706
LAKEWORTH, FL 33460

New Mailing Address:

FEI Number: 65-1074821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, SHARON
15 SOUTH GOLFVIEW RD.
#706
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENS, SHARON
Address: 15 SOUTH GOLFVIEW RD. #706
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: ROBINSON, HERMAN
Address: 114 SOUTH 'O' ST.
City-St-Zip: LAKE WORTH, FL 33460

Title: T () Delete
Name: RUKIN, JAMES
Address: 208 SOUTH LAKESIDE DR #407
City-St-Zip: LAKE WORTH, FL 33460

Title: S/R () Delete
Name: MALAKATES, ROSANN
Address: 101 SOUTH LAKESIDE DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: S/C () Delete
Name: EVANS, JUNE
Address: 208 S. LAKESIDE DR #201
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: B (X) Change () Addition
Name: MALAKATES, ROSANN
Address: 101 SOUTH LAKESIDE DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Change () Addition
Name: EVANS, JUNE
Address: 208 S. LAKESIDE DR #201
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON STEVENS

P

02/27/2008

Electronic Signature of Signing Officer or Director

Date