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**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90174 034 \*\*\*\*61.25

**DOCUMENT # N01000007981**

1. Entity Name

**THE NEIGHBORHOOD CLUB OF DELRAY BEACH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

7101 GLENWOOD DRIVE  
 BOYNTON BEACH FL 33436

7101 GLENWOOD DRIVE  
 BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

01-0582912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PARKER, EDMONIA D**  
**7101 GLENWOOD DRIVE**  
**BOYNTON BEACH FL 33436**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, EDMONIA D	
STREET ADDRESS	7101 GLENWOOD DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AKINS, ELLA	
STREET ADDRESS	28 S.W. 11TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRIDGES, LEILA	
STREET ADDRESS	353 N W 7TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

EDMONIA D. PARKER

MRS. Edmonia D. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/17/02 Daytime Phone 561-433-0512

CR2E037 (9/01)