

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90053 022 ****61.25

DOCUMENT # N01000007981

1. Entity Name

THE NEIGHBORHOOD CLUB OF DELRAY BEACH,
FLORIDA, INC.



Principal Place of Business

7101 GLENWOOD DRIVE
BOYNTON BEACH FL 33436

Mailing Address

7101 GLENWOOD DRIVE
BOYNTON BEACH FL 33436

2. Principal Place of Business

The Neighborhood Club
of Delray Beach, Inc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

7101 Glenwood Drive
Boynton Beach, FL 33436

City & State

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

PARKER, EDMONIA D
7101 GLENWOOD DRIVE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARKER, EDMONIA D
STREET ADDRESS 7101 GLENWOOD DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE SD
NAME BONAPARTE, LORRAINE
STREET ADDRESS 7807 PIPER LANE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE TD
NAME AKINS, ELLA
STREET ADDRESS 28 S.W. 11TH AVE P.O. 23
CITY-ST-ZIP DELRAY BEACH FL 33447 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: Edmonia D. Parker, Edmonia D. Parker 2/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #