

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009329

1. Entity Name

COMMUNITY PARTNERSHIP GROUP, INC.



Principal Place of Business

2001 W BLUE HERON BLVD
RIVIERA BEACH, FL 33404

Mailing Address

2001 W BLUE HERON BLVD
RIVIERA BEACH, FL 33404

FILED
Apr 21, 2008 08:00 AM
Secretary of State



04082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

13-4252845

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCNAMARA, PATRICK
2001 W. BLUE HERON BOULEVARD
RIVIERA BEACH, FL 33404

**DO NOT WRITE
IN THIS SPACE**

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)

000000913448

05/08/08-80038-019 35.00

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000913448

05/18/08-80038-020 35.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEMETRIADES, GREGORY
STREET ADDRESS 2001 W. BLUE HERON BOULEVARD
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE PD
NAME MCNAMARA, PATRICK J LCSW
STREET ADDRESS 2001 W BLUE HERON BLVD.
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE D
NAME BREMEKAMP, PATRICIA
STREET ADDRESS 2001 W BLUE HERON BLVD
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Patrick McNamara, Pres. & CEO

4-10-08 (561) 841-3500 x1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #