

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011973

FILED
Mar 18, 2009
Secretary of State

Entity Name: WEST PALM BEACH ADI COOPERATIVE ASSOCIATION, INC.

Current Principal Place of Business:

2751 N.E. 9TH STREET
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2751 N.E. 9TH STREET
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-2091332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLINGER, LEE H
4601 SHERIDAN STREET, SUITE 202
HOLLYWOOD, FL 33021 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: PRES () Delete
Name: TOSCANO, MARILYN D PRES
Address: 2751 NE 9TH STREET
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: DIR () Delete
Name: JOHNSON, GLENN DIR
Address: 3007 SW MARTIN DOWNS BLVD.
City-St-Zip: PALM CITY, FL 34990 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR () Change (X) Addition
Name: PERRY, CRAIG
Address: 10364 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: DIR () Change (X) Addition
Name: TATEM, MARY
Address: 2001 SOUTH US HIGHWAY 1
City-St-Zip: FORT PIERCE, FL 34950 US

Title: DIR () Change (X) Addition
Name: GONZALEZ, ANDREA
Address: 6480 20TH STREET
City-St-Zip: VERO BEACH, FL 32966 US

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: MARILYN TOSCANO

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date