2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N05000004922

Entity Name: NORTH COUNTY ART ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3672
TEQUESTA, FL 33469

New Principal Place of Business:

1721 17TH COURT
JUPITER, FL 33477

Current Mailing Address:

P.O. BOX 3672
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 56-2469427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AURRE, GERALDINE P
1721 17TH COURT
JUPITER, FL 33477 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:	AURRE, GERALDINE	
Address:	1721 17TH COURT	
City-St-Zip:	JUPITER, FL 33477	
Title:	VP	( ) Delete
Name:	LAUR, BETTY	
Address:	260 RIVERSIDE DR.	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	S	( ) Delete
Name:	STEINBERG, CAROL	
Address:	139 SAND PINE ROAD	
City-St-Zip:	JUPITER, FL 33477	
Title:	VP	(X) Delete
Name:	LOEFFLER, JENNIFER	
Address:	P.O. BOX 8041	
City-St-Zip:	JUPITER, FL 33468	
Title:	T	( ) Delete
Name:	SCHUMACHER, MEL A	
Address:	9906 SE BUTTONWOOD WAY	
City-St-Zip:	JUPITER, FL 33469	
Title:	V	( ) Delete
Name:	STEINBERG, CAROL	
Address:	139 SAND PINE ROAD	
City-St-Zip:	JUPITER, FL 33477	

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

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: MEL SCHUMACHER T 01/06/2008
Electronic Signature of Signing Officer or Director — Date