

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004922

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** NORTH COUNTY ART ASSOCIATION, INC.

**Current Principal Place of Business:**

1721 17TH COURT  
JUPITER, FL 33477

**New Principal Place of Business:**

**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 ( )**

**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: 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:

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

DR.

03/19/2009

Electronic Signature of Signing Officer or Director

Date