

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007464

FILED
Mar 14, 2006
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS CHAPTER OF THE PALM BEACHES INC.

Current Principal Place of Business:

915 S FEDERAL HWY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

915 S FEDERAL HWY
BOYNTON BEACH, FL 33435

New Mailing Address:

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

Name and Address of Current Registered Agent:

HEIST, H ANTHONY
1661 ESTERO BLVD SUITE 20
FT MYERS BEACH, FL 33931 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: D () Delete
Name: JACKSON, NANCY
Address: 915 S FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: ANGIER, KIKI
Address: 7491 N FEDERAL HWY C-12
City-St-Zip: BOCA RATON, FL 33467

Title: D () Delete
Name: CHANTALL, TAMMY
Address: PO BOX 31537
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: D () Delete
Name: ULRICH, LARRY
Address: 4414 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33415

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY JACKSON

PRES

03/14/2006

Electronic Signature of Signing Officer or Director

Date