


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90030 046 ****61.25

DOCUMENT # N07000010795 1. Entity Name WEST PALM BEACH DOWNTOWN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 301 CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401			Mailing Address 301 CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 315 HIBISCUS ST. Suite, Apt. #, etc.			
City & State City: _____ State: _____		City & State WEST PALM BEACH, FL			
Zip 33401	Country _____	Zip 33401	Country _____	4. FEI Number: 26-1371615	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCPHILLIPS, KATHLEEN 315 HIBISCUS STREET WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HARRIS, TIMOTHY 201 S. NARCISSUS #403 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PINCUS, HOWARD 610 CLEMATIS ST #410 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MCPHILLIPS, KATHLEEN J 315 HIBISCUS STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FOWLKES, CLINT 801 S. OLIVE AVE. #1506 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BUHLER, DIANE 101 N CLEMATIS ST. #310 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RADD, DONALD 255 EVERNIA ST. #1001 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY BOB KATZEN 525 S. FLAGLER DR. TH 5F WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JOSEPH SCHOBEL 651 OKEECHOBEE BLVD. PH 1010 WEST PALM BEACH, FL 33401				
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: <u>Timothy K. Harris</u> 1/15/08 56-818-6385					