

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12949

FILED
Apr 17, 2008
Secretary of State

Entity Name: SOUTH PALM BEACH COUNTY INTERGROUP ASSOCIATION, INC.

Current Principal Place of Business:

2905 S. FEDERAL HIGHWAY
SUITE C-16
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2905 S. FEDERAL HIGHWAY
SUITE C-16
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2608555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRANKINA, PAMELA
75 NE 6TH AVENUE
SUITE 208
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

TRANKINA, PAMELA
141 VENETIAN DR.
APT. 1
DELRAY BEACH, FL 33483 US

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:

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SPEARS, DIANE
Address: 1560 SW 16TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: TD () Delete
Name: BARCLAY, JUSTIN
Address: 240 SE 10TH ST #203
City-St-Zip: DELRAY BEACH, FL 33483

Title: VCD () Delete
Name: ACORTA, ALFRED
Address: 34 HARBOR DRIVE SO
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MD () Delete
Name: TRANKINA, PAMELA
Address: 144 VENETIAN DR, APT 1
City-St-Zip: DELRAY BEACH, FL 33483

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: STORKSON, SHERYL
Address: 2023 DISCOVERY CIRCLE EAST
City-St-Zip: BOCA RATON, FL 33442

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

Title: MD (X) Change () Addition
Name: TRANKINA, PAMELA
Address: 141 VENETIAN DR, APT 1
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Change (X) Addition
Name: KARL, ALEXANDRA
Address: 16266 APRICOT WAY
City-St-Zip: DELRAY BEACH, FL 33484

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: PAMELA TRANKINA

MD

04/17/2008

Electronic Signature of Signing Officer or Director

Date