

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12949

FILED  
Mar 25, 2010  
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  
141 VENETIAN DR.  
APT. 1  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

TRANKINA, PAMELA  
813 S. LAKE DRIVE  
APT. #C  
LANTANA, FL 33462 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: PAMELA TRANKINA

03/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: ACORTA, ALFRED  
Address: 34 HARBOR DR. SOUTH  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: TD  
Name: TERCZAK, EDWARD JR.  
Address: 4782 COCONUT LANE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VCD  
Name: STORKSON, SHERYL  
Address: 2023 DISCOVERY CIRCLE EAST  
City-St-Zip: BOCA RATON, FL 33442

Title: MD  
Name: TRANKINA, PAMELA  
Address: 813 S. LAKE DRIVE  
City-St-Zip: LANTANA, FL 33462

Title: SD  
Name: SHAW, ELIZABETH W  
Address: 99 VIA DE CASAS NORTE  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby 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 all other like empowered.

SIGNATURE: PAMELA TRANKINA

MD

03/25/2010

Electronic Signature of Signing Officer or Director

Date