

FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90083 042 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15141

1. Corporation Name

**THE NORTHERN PALM BEACHES CHAMBER OF COMMERCE, I
NC.**

Principal Place of Business

1983 PGA BLVD., SUITE #104
PALM BEACH GARDENS FL 33408

Mailing Address

1983 PGA BLVD., SUITE #104
PALM BEACH GARDENS FL 33408



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/02/1986

4. FEI Number

59-2694906

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TALLEY, DAVID H
1983 PGA BLVD
STE 104
PALM BCH GDNS FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME COHEN, STEVE
STREET ADDRESS 4400 PGA BLVD #900
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VCD
NAME KNEIP, ROBERT
STREET ADDRESS 4200 WACKENHUT DR., #100
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE CD
NAME DIAZ, DEBORAH
STREET ADDRESS 1601 BELVEDERE RD #200
CITY-ST-ZIP WEST PALM BEACH FL

TITLE P
NAME TALLEY, DAVID H.
STREET ADDRESS 1983 PGA BLVD STE 104
CITY-ST-ZIP PALM BCH GDNS FL

TITLE D
NAME HAYSMEYER, DAVE
STREET ADDRESS 3101 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VCD
NAME OPPEL, EDWARD
STREET ADDRESS P O BOX 9935 N/A
CITY-ST-ZIP RIVIERA BCH FL 33419

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VC/D
1.2 NAME Cohen, Steve
1.3 STREET ADDRESS 625 No. Flagler Dr., #700
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE VC/D
2.2 NAME Compiani, Frank
2.3 STREET ADDRESS 1555 Palm Beach Lakes Blvd. #1400
2.4 CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE D
3.2 NAME Diaz, Deborah
3.3 STREET ADDRESS 1601 Belveder Rd., #200
3.4 CITY-ST-ZIP West Palm Beach, FL 33405

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE C/D
5.2 NAME Sullivan, Joyce
5.3 STREET ADDRESS 2751 So. Dixie Hwy.
5.4 CITY-ST-ZIP West Palm Beach, FL 33405

6.1 TITLE T/D
6.2 NAME Oppel, Edward
6.3 STREET ADDRESS PO Box 9935
6.4 CITY-ST-ZIP Riviera Beach, FL 33419

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David H. Talley, President

5/6/99 (561) 694-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)