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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N21731

1. Corporation Name

UNITED FILIPINO AMERICAN ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

106 LAKE FRANCIS DRIVE
WEST PALM BEACH FL 33411
US

Mailing Address

106 LAKE FRANCIS DRIVE
WEST PALM BEACH FL 33411
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

07/28/1987

4. FEI Number

59-2836761

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

GREGORIO, RIVO N
106 LAKE FRANCIS DRIVE
GOLDEN LAKES VILLAGE
WEST PALM BEACH FL 33411

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 remitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GREGORIO, RIVO N
STREET ADDRESS 106 LAKE FRANCIS DRIVE, GOLDEN LAKES VILL
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE VP ☐ DELETE

NAME WILLIAMSON, MARILYN
STREET ADDRESS 1749 MANOR AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☒ DELETE

NAME GUERREZ, UNDO B. II MD
STREET ADDRESS 1520 WILDERNESS ROAD
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ DELETE

NAME BERNABE S. GUERZON
STREET ADDRESS 1215 BEAR ISLAND DRIVE
CITY-ST-ZIP WPB FL 33409

TITLE D ☐ DELETE

NAME ROSARIO, VIOLETTA
STREET ADDRESS 6532 ATHENA DR
CITY-ST-ZIP LAKE WORTH FL

TITLE VP ☐ DELETE

NAME GUERZON, PHOEBELYN DR
STREET ADDRESS 1215 BEAR ISLAND DR
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☐ Change ☐ Addition

1.2 NAME Zenaída D. Watson

1.3 STREET ADDRESS 914 45th Street

1.4 CITY-ST-ZIP West Palm Beach, FL 33407

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)