2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N21731

Entity Name: UNITED FILIPINO AMERICAN ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

UNITED FILIPINO AMERICAN ASSOCIATION
C/O ROSARIO BARRAMEDA 16 ROYAL PALMWAY
105 BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

UNIFIL C/O ROSARIO M BARRAMEDA
16 ROYAL PALM WAY 105
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-2836761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRAMEDA, ROSARIO M
16 ROYAL PALM WAY
APT 105
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BARRAMEDA, ROSARIO M	
Address:	16 ROYAL PALM WAY 105	
City-St-Zip:	BOCA RATON, FL 33432 US	
Title:	VP	( ) Delete
Name:	GUERZON, PHOEBLYN	
Address:	1600 SOUTH DIXIE HWY #107	
City-St-Zip:	BOCA RATON, FL 33432 US	
Title:	T	( ) Delete
Name:	BARRAMEDA, ESTHER MD	
Address:	141 ALCAZAR ST.	
City-St-Zip:	ROYAL PALM BEACH, FL 33411 US	
Title:	S	( ) Delete
Name:	CRUZ, EMMANUEL	
Address:	1600 S DIXIE HWY STE 107 ROYAL PALM TOWERS	
City-St-Zip:	BOCA RATON, FL 33432 US	
Title:	D	( ) Delete
Name:	LIM, RACHEL	
Address:	110 SARATOGA WEST	
City-St-Zip:	ROYAL PALM WEST, FL 33411 US	
Title:	D	( ) Delete
Name:	FORREST, JEANE	
Address:	3000 FLORIDA BLVD.	
City-St-Zip:	DELRAY BEACH, FL 33483 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA R. BARRAMEDA PRES 04/08/2009

Electronic Signature of Signing Officer or Director — Date