# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24550 (8)

1. Corporation Name
NORTHSHORE NEIGHBORHOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 8837<br>WEST PALM BEACH FL 33407 | P.O. BOX 8837<br>WEST PALM BEACH FL 33407 |

3. Date Incorporated or Qualified: 01/28/1988
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-2679072 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| DIXON, RONNIE M<br>3800 NORTH SHORE DRIVE<br>WEST PALM BEACH FL 33407 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DIXON, RONNIE M. | 1.2 NAME | | |
| STREET ADDRESS | 3800 NORTH SHORE DRIVE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 1.4 CITY-ST-ZIP | | |
| TITLE | ~~VD~~ | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | ~~RAPHAEL, ANN~~ | 2.2 NAME | Novel Brown | |
| STREET ADDRESS | ~~3906 NORTH SHORE DRIVE~~ | 2.3 STREET ADDRESS | 1564 - 40th Street | |
| CITY-ST-ZIP | ~~WEST PALM BEACH FL 33407~~ | 2.4 CITY-ST-ZIP | West Palm Beach, Fl. 33407 | |
| TITLE | VD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEMMING, TIM | 3.2 NAME | | |
| STREET ADDRESS | 3518 NORTH SHORE DRIVE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 3.4 CITY-ST-ZIP | | |
| TITLE | ~~SD~~ | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ~~YOUNG, MAXINE~~ | 4.2 NAME | | |
| STREET ADDRESS | ~~4300 NORTH SHORE DRIVE~~ | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~WEST PALM BEACH FL 33407~~ | 4.4 CITY-ST-ZIP | | |
| TITLE | TD | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILT, BARBARA D. | 5.2 NAME | | |
| STREET ADDRESS | 1671 40TH STREET | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 5.4 CITY-ST-ZIP | | |
| TITLE | SD | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WELSCHER, BEA | 6.2 NAME | | |
| STREET ADDRESS | 1680 39TH STREET | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** R M Dixon Ronnie M. Dixon 4-14-95 407-684-1279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #