

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N24550	
1. Entity Name NORTHSHORE NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 8637 WEST PALM BEACH, FL 33407	Mailing Address P.O. BOX 8637 WEST PALM BEACH, FL 33407
---	---



08192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2679072	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HICKS, FREDERICK C. 3501 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407
--

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

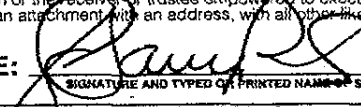
Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HICKS, FREDERICK 3501 N AUSTRALIAN AVENUE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIXON, RONNIE M. 3600 NORTH SHORE DRIVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RANK JR. G. BARRY 3507 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000170717
08/23/04-80008-006 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **G. Barry Rank Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** **8/19/04** **561-586-4431**
Date Daytime Phone