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	Mailing Address
P.O. BOX 8637 WEST PALM BEACH, FL 33407	P.O. BOX 8637 WEST PALM BEACH, FL 33407

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08192004 No Chg-NP CR2E037 (10/03)

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

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

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

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08/23/04-80008-006 61.25

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12. 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 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. Treasurer 8/19/04 561-586-4431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #