

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90160 016 \*\*\*\*61.25

**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

2. Principal Place of Business

3600 North Shore Dr  
Suite, Apt. #, etc.

3. Mailing Address

3600 North Shore Dr  
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

West Palm Beach

Zip  
33407

Country

Palm Beach

City & State

West Palm Beach FL

Zip

33407

Country

Palm Beach

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

7. Name and Address of New Registered Agent

Name

Ronnie M. Dixon

Street Address (P.O. Box Number is Not Acceptable)

3600 North Shore Drive

City

West Palm Beach

FL

Zip Code

33407

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

*RMDixon*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-16-05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME HICKS, FREDERICK  
STREET ADDRESS 3501 N AUSTRALIAN AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD ☐ Delete  
NAME DIXON, RONNIE M.  
STREET ADDRESS 3600 NORTH SHORE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☒ Delete  
NAME RANK JR. G. BARRY  
STREET ADDRESS 3507 NORTH AUSTRALIAN AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Ronnie M. Dixon, Pres. ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3600 North Shore Dr  
CITY-ST-ZIP W. Palm Beach FL 33407

TITLE Treasurer ☐ Change ☐ Addition  
NAME chauncey Paytee  
STREET ADDRESS 1648 139th St  
CITY-ST-ZIP West Palm Beach FL 33407

TITLE Vice Pres ☐ Change ☐ Addition  
NAME Tim Demming  
STREET ADDRESS 3518 North Shore Dr  
CITY-ST-ZIP West Palm Beach FL 33407

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*RMDixon*

Ronnie M. Dixon

2/10/05

561-684-1279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #