

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24550

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** NORTHSHORE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

3600 NORTH SHORE DR  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

3600 NORTH SHORE DR  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 59-2679072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIXON, RONNIE M  
3600 NORTH SHORE DR  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

DIXON, RONNIE M  
3600 NORTH SHORE DR  
WEST PALM BEACH, FL 33407 US

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: RMDIXON

02/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DIXON, RONNIE M  
Address: 3600 NORTH SHORE DR  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T ( ) Delete  
Name: PAYTEE, CHAUNCEY  
Address: 1648-39TH ST  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP ( ) Delete  
Name: DEMMING, TIM  
Address: 3518 NORTH SHORE DR  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DIXON, RONNIE M  
Address: 3600 NORTH SHORE DR  
City-St-Zip: WEST PALM BEACH, FL 33407

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: RMDIXON

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date