
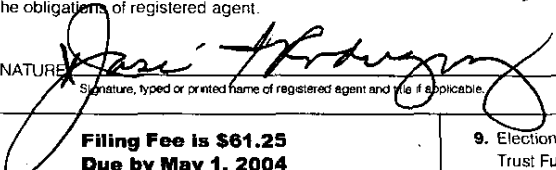
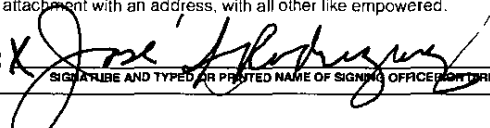


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90024 002 ****61.25

DOCUMENT # N27038 1. Entity Name VEDADO NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1025 PASEO MORELLA W. PALM BEACH, FL 33405 US			Mailing Address 1025 PASEO MORELLA W. PALM BEACH, FL 33405 US		
2. Principal Place of Business 3639 PASEO ANDALUSIA		3. Mailing Address 3639 PASEO ANDALUSIA			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WEST PALM BCH FL		City & State WEST PALM BCH FL		4. FEI Number NOT APPLICABLE	
Zip 33405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWELL, NANCY 1025 PASEO MORELLA WEST PALM BEACH, FL 33405			7. Name and Address of New Registered Agent Name JOSE RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 3639 PASEO ANDALUSIA City WEST PALM BCH FL Zip 33405		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROWELL, Nanci 1025 PASEO MORELLA WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE RODRIGUEZ 3639 PASEO ANDALUSIA WEST PALM BEACH 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERRIOS, NELSON 934 PASEO PALMERA WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLA, MARIA 3636 PASEO NAVARRA WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STEPHANIE KILLINGSWORTH 3636 PASEO NAVARRA WEST PALM BEACH 33405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JAY SORY 935 PASEO MORELLA WEST PALM BEACH 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		

54004849



01152004 Chg-NP CR2E037 (10/03)