


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29196** (5)
1. Corporation Name
NORTH PALM BEACH COUNTY BAR ASSOCIATION, INC.



Principal Place of Business 900 E INDIANTOWN RD 316 JUPITER FL 33477 US	Mailing Address 900 E INDIANTOWN RD 316 JUPITER FL 33477 US
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3. Date Incorporated or Qualified

11/08/1988

4. FEI Number

65-0087617

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, STEVEN
222 US HWY ONE
STE 214
TEQUESTA FL 33469**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, GEOFFREY L	
STREET ADDRESS	1061 E. INDIANTOWN RD., STE 400	
CITY-ST-ZIP	JUPITER FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LABOVICK, BRIAN F	
STREET ADDRESS	900 E INDIANTOWN RD STE 316	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALONE, PATRICK J	
STREET ADDRESS	1080 E. INDIANTOWN RD., SUITE 201	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUMSON, ADAM S	
STREET ADDRESS	6390 INDIANTOWN RD STE 30	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATILLO, MARINA	
STREET ADDRESS	1601 FORUM PLACE, SUITE 1101	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LABOVICK, BRIAN F	
STREET ADDRESS	900 EAST INDIANTOWN ROAD, # 316	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JONES, GEOFFREY L.	
1.3 STREET ADDRESS	1061 E. INDIANTOWN RD. STE 400	
1.4 CITY-ST-ZIP	JUPITER, FL	

2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LABOVICK, BRIAN F	
2.3 STREET ADDRESS	900 E. INDIANTOWN RD, #316	
2.4 CITY-ST-ZIP	JUPITER, FL.	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUMSON, ADAM S.	
4.3 STREET ADDRESS	6390 INDIANTOWN RD. # 30	
4.4 CITY-ST-ZIP	JUPITER FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HARRIS, PATRICIA	
6.3 STREET ADDRESS	11911 US HWY ONE, STE 201	
6.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/9/98 (561)743-0099

CR2E037 (10/97)