


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90099 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29196					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/08/1988	
		4. FEI Number 65-0087617		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HARRIS, STEVEN 222 US HWY ONE STE 214 TEQUESTA FL 33469			10. Name and Address of New Registered Agent 81 Name SAME 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME JONES, GEOFFREY L STREET ADDRESS 1081 E. INDIANTOWN RD., STE 400 CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME HARRIS, PATRICIA 1.3 STREET ADDRESS 1191 US. 1 #201 1.4 CITY-ST-ZIP N. Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME LABOVICK, BRIAN F STREET ADDRESS 900 E INDIANTOWN RD STE 316 CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME LABOVICK, BRIAN F 2.3 STREET ADDRESS SAME 2.4 CITY-ST-ZIP SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME MALONE, PATRICK J STREET ADDRESS 1080 E. INDIANTOWN RD., SUITE 201 CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME PAUL 3.3 STREET ADDRESS 11215 CURRY DR. 3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME GUMSON, ADAM S STREET ADDRESS 6390 INDIANTOWN RD STE 30 CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Gumson, Adam 4.3 STREET ADDRESS SAME 4.4 CITY-ST-ZIP SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME RATILLO, MARINA STREET ADDRESS 1081 FORUM PLACE, SUITE 1101 CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Pastor, Andrew 5.3 STREET ADDRESS 6390 Indiantown Rd. #30 5.4 CITY-ST-ZIP JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME HARRIS, PATRICIA STREET ADDRESS 1191 US HWY ONE, STE 201 CITY-ST-ZIP NORTH PALM BEACH FL 33408	<input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME WALB, CARL 6.3 STREET ADDRESS 900 E. Indiantown Rd. #316 6.4 CITY-ST-ZIP JUPITER FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E037 (11/98)