
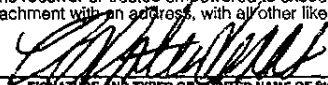


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N29196 1. Entity Name NORTH PALM BEACH COUNTY BAR ASSOCIATION, INC.		
Principal Place of Business 120 S OLIVE AVE STE 304 WEST PALM BEACH, FL 33401 US	Mailing Address 120 S OLIVE AVE STE 304 WEST PALM BEACH, FL 33401 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARRIS, STEVEN 11215 CURRY DR PALM BEACH GARDENS, FL 33418		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMORE, JEFF 1601 FORUM PL STE 906 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, JON D 1601 FORUM PL STE 906 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INTERDONATI, LAURA 120 S OLIVE AVE STE 304 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTOR, ANDREW 11380 PROSPERITY FARRES RD SUITE 101 PALM BEACH GARDENS, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALLORY, EARL 1907 COMMERCE LANE, STE 104 JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERINI, ROSEMARIE 2 HARVARD CIR, STE200 WEST PALM BEACH, FL 33401	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Laura J Interdonati 4/14/05 3616554808 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0087617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/18/05-80025-015 61.25

**DO NOT WRITE
IN THIS SPACE**