

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38452** (1)
1. Corporation Name
SOUTHSIDE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
5820 S. DIXIE HWY
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified **06/01/1990** 3a. Date of Last Report **01/27/1995**
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

COTTON, WILLIAM C
5820 S. DIXIE HWY
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> DELETE
NAME	WILSON, CAROL A	
STREET ADDRESS	145 SANTA LUCIA	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STOUT, ZOE	
STREET ADDRESS	240 CHURCHILL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COTTON, WILLIAM C	
STREET ADDRESS	5820 SO DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DARBYSON, GRANT	
STREET ADDRESS	245 ELWA PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAMER, NANCY	
STREET ADDRESS	208 CHURCHILL RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYLAND, STEVE	
STREET ADDRESS	235 SANTA LUCIA	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

William C Cotton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 **407-586-2023**
Date Daytime Phone

CR2E037 (12/95)