

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N38452** (1)

1. Corporation Name

**SOUTHSIDE NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

5820 S. DIXIE HWY  
WEST PALM BEACH FL 33405

Mailing Address

5820 S. DIXIE HWY  
WEST PALM BEACH FL 33405-3808



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
**06/01/1990**

3a. Date of Last Report  
**02/20/1996**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WILSON, CAROL A**  
STREET ADDRESS **145 SANTA LUCIA**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **VP** ☒ DELETE

NAME **STOUT, ZOE**  
STREET ADDRESS **240 CHURCHILL RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **TD** ☐ DELETE

NAME **COTTON, WILLIAM C**  
STREET ADDRESS **5820 SO DIXIE HWY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **SD** ☒ DELETE

NAME **DARBYSON, GRANT**  
STREET ADDRESS **245 ELWA PLACE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☒ DELETE

NAME **CRAMER, NANCY**  
STREET ADDRESS **208 CHURCHILL RD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ DELETE

NAME **RYLAND, STEVE**  
STREET ADDRESS **235 SANTA LUCIA**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VP** ☒ Change ☐ Addition

**BAUMOEHLE, JEROME**  
**225 LINDA LANE**  
**WEST PALM BEACH, FL 33405**

☐ Change ☐ Addition

**SD** ☒ Change ☐ Addition

**LAND, DELORES**  
**242 BLOOMFIELD DR.**  
**WEST PALM BEACH, FL 33405**

☒ Change ☐ Addition

**D**  
**MICHAEL CONNORS**  
**121 LINDA LANE**  
**WEST PALM BEACH, FL 33405**

☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *William C. Cotton* **WILLIAM COTTON, TD**

4-14-97

561-586-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040172

CR2E037 (9/96)