

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 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 # **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
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3. Date Incorporated or Qualified 06/01/1990
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent COTTON, WILLIAM C 5820 S. DIXIE HWY WEST PALM BEACH FL 33405	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (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	BAUMOHL, JEROME
STREET ADDRESS	225 LINDA LANE
CITY-ST-ZIP	WEST PALM BEACH FL
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	LAND, DELORES
STREET ADDRESS	242 BLOOMFIELD DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CONNORS, MICHAEL
STREET ADDRESS	121 LINDA LANE
CITY-ST-ZIP	WEST PALM BEACH FL
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 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

2-10-98

561-586-2023

CP2E037 (10/97)