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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38452

1. Corporation Name

SOUTHSIDE NEIGHBORHOOD ASSOCIATION, INC.

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

2. Principal Place of Business 21	**2a.** Mailing Address 26	**3.** Date Incorporated or Qualifed 06/01/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	**4.** FEI Number **NOT APPLICABLE** Applied For **X** Not Applicable
City & State 23	City & State 28	**5.** Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** NAME **WILSON, CAROL A** STREET ADDRESS **145 SANTA LUCIA** CITY-ST-ZIP **WEST PALM BEACH FL 33405**	☒ DELETE	1.1 TITLE **PD** 1.2 NAME **KENNETH D. TILLMAN** 1.3 STREET ADDRESS **101 SANTA LUCIA** 1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**	☐ Change ☒ Addition
TITLE **VP** NAME **BAUMOEHL, JEROME** STREET ADDRESS **225 LINDA LANE** CITY-ST-ZIP **WEST PALM BEACH FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TD** NAME **COTTON, WILLIAM C** STREET ADDRESS **5820 SO DIXIE HWY** CITY-ST-ZIP **WEST PALM BEACH FL 33405**	☒ DELETE	3.1 TITLE **TD** 3.2 NAME **CARM LEE COTTON** 3.3 STREET ADDRESS **246 ELWA PLACE** 3.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**	☐ Change ☒ Addition
TITLE **SD** NAME **LAND, DELORES** STREET ADDRESS **242 BLOOMFIELD DR** CITY-ST-ZIP **WEST PALM BEACH FL**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **CONNORS, MICHAEL** STREET ADDRESS **121 LINDA LANE** CITY-ST-ZIP **WEST PALM BEACH FL**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **RYLAND, STEVE** STREET ADDRESS **235 SANTA LUCIA** CITY-ST-ZIP **WEST PALM BEACH FL 33405**	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ 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: *Carm Lee Cotton* REQUIRED   5-10-99   561-586-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #