

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38452

1. Entity Name

SOUTHSIDE NEIGHBORHOOD ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90147 045 ****61.25

Principal Place of Business

5820 S. DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address

5820 S. DIXIE HWY
WEST PALM BEACH FL 33405-3608

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TILLMAN, KENNETH D	
STREET ADDRESS	101 SANTA LUCIA	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAUMOEHLE, JEROME	
STREET ADDRESS	225 LINDA LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COTTON, CARM LEE	
STREET ADDRESS	246 ELWA PLACE	
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 checked="" type="checkbox"/> Delete
NAME	RYLAND, STEVE	
STREET ADDRESS	235 SANTA LUCIA	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: Carm Lee Cotton **CARM LEE COTTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 561-586-2023

Date

Daytime Phone #

CR2E037 (9/99)