

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90139 011 \*\*\*\*61.25

DOCUMENT # N38452

1. Entity 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

80044440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME TILLMAN, KENNETH D  
STREET ADDRESS 101 SANTA LUCIA  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE PD ☒ Change ☐ Addition  
NAME BAUMOEHL, JEROME  
STREET ADDRESS 225 LINDA LANE  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VP ☐ Delete  
NAME BAUMOEHL, JEROME  
STREET ADDRESS 225 LINDA LANE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VP ☒ Change ☐ Addition  
NAME TILLMAN, KENNETH D  
STREET ADDRESS 101 SANTA LUCIA  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE TD ☐ Delete  
NAME COTTON, CARM LEE  
STREET ADDRESS 246 ELWA PLACE  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME LAND, DELORES  
STREET ADDRESS 242 BLOOMFIELD DR  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☒ Change ☐ Addition  
NAME DUFFEY, KIMBERLY  
STREET ADDRESS 216 COSTELLO RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE D ☐ Delete  
NAME CONNORS, MICHAEL  
STREET ADDRESS 121 LINDA LANE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RYLAND, STEVE  
STREET ADDRESS 235 SANTA LUCIA  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE D ☒ Change ☐ Addition  
NAME CAROLYN WRIGHT  
STREET ADDRESS 4917 S. FLAGLER DR.  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

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 another like empowered.

SIGNATURE: *William C. Cotton* WILLIAM C. COTTON  
*Carm Lee Cotton* CARM LEE COTTON

4-7-01

561-586-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)