## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 22, 2002 8:00 am Secretary of State DOCUMENT # **N38452** 1. Entity Name 05-22-2002 90233 040 \*\*\*\*61.25 SOUTHSIDE NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 5820 S. DIXIE HWY 5820 S. DIXIE HWY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) COTTON, WILLIAM C 5820 S. DIXIE HWY WEST PALM BEACH FL 33405 City Zip Code FL 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 WILL OF ETERS 超级显示 (1) SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE (9/07 X Delete TITLE ☐ Addition WRIGHT, CAROLYN NAME BAUMOEHL, JEROME NAME STREET ADDRESS 225 LINDA LANE STREET ADDRESS 4917 S. FLAGLER DR. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33405 WEST PALM BEACH FL 33405 Delete TITLE Addition ☐ Change TIMOTHY CHILDERS NAME tillman, kenneth d NAME 226 ASHWORTH ST. STREET ADDRESS 101 SANTA LUCIA STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-ZIP = WEST PALM BEACH FL 33405 CITY-ST-7IP TITLE Delete TITLE Change Addition NAME COTTON, CARM LEE NAME STREET ADDRESS 246 ELWA PLACE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change STEPHEN SYLVESTER X Addition DUFFEY, KIMBERLY NAME NAME 5000 S. OLIVE AVE. STREET ADDRESS 216 COSTELLO ROAD STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE X Delete TITLE Change X Addition PATT SNED NAME CONNORS, MICHAEL NAME 165 ELWA PLACE STREET ADDRESS 121 LINDA LANE STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITLE X Delete TITLE ☐ Change X Addition RAE FRANKS WRIGHT, CAROLYN NAME 218 EDMOR RD. STREET ADDRESS 4917 S FLAGLER DRIVE STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-ZIP WEST PALM BEACH FL 33405 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: WILLIAM C. ACOTTONE William G Coffon

4-29-02

561-586-2023

**FILED**