

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40227 (3)

1. Corporation Name

NORTHWOOD AREA BUSINESS ASSOCIATION, INC.



Principal Place of Business

**424 24TH STREET
THIS IS THE PUB
WEST PALM BEACH FL 33407-8511
US**

Mailing Address

**P O BOX 8511
415 25TH STREET
WEST PALM BEACH FL 33407-8511
US**

3. Date Incorporated or Qualified
09/13/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0326487

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GORE, RAYMOND
2916 E TAMARIND AVE
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GORE RAYMOND**
STREET ADDRESS **2916 W TAMARIND AVE**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **DP V** ☐ DELETE
NAME **HAYES, KRISTIN**
STREET ADDRESS **4311 BROADWAY**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **S D** ☒ DELETE
NAME **HUEY, ERIC**
STREET ADDRESS **4311 BROADWAY**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **T** ☐ DELETE
NAME **FRECHETTE, WAYNE**
STREET ADDRESS **4520 BROADWAY**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **D** ☐ DELETE
NAME **LUPO, VINCENT**
STREET ADDRESS **425 24TH ST.**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **D** ☐ DELETE
NAME **BRANCH, LYNN**
STREET ADDRESS **417 25TH ST**
CITY-ST-ZIP **WEST PALM BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)