

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 SEP 25 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/13/1990

3a. Date of Last Report
04/09/1996

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 8511

22 City & State

27 Suite, Apt. #, etc.
28 City & State
W Palm Beach FL

23 Zip Country
24 33407 25 USA

29 33407 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Yvonne Peterman
415 Northwood Road
W Palm Beach FL 33407

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

600002307056--2
-09/29/97--01192--010

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

*****61.25 *****61.25

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

A. Alan
9/25/97

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (4/97)