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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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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  
WEST PALM BEACH FL 33407  
US**



3. Date Incorporated or Qualified

**09/13/1990**

4. FEI Number

**65-0326487**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORE, RAYMOND  
2016 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 **P** ☐ DELETE  
NAME **GORE RAYMOND**  
STREET ADDRESS **2916 W TAMARIND AVE**  
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **V** ☐ DELETE  
NAME **PETERMAN, YVONNE**  
STREET ADDRESS **415 NORTHWOOD ROAD**  
CITY-ST-ZIP **W PALM BEACH FL 33407**

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

TITLE **D** ☒ DELETE  
NAME **LUPO, VINCENT (deceased)**  
STREET ADDRESS **425 24TH STREET**  
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**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **P** ☐ Change ☐ Addition  
1.2 NAME **Gore Raymond**  
1.3 STREET ADDRESS **2916 W Tamarind Ave**  
1.4 CITY-ST-ZIP **W P B FL 33407**

2.1 TITLE **V.P.** ☐ Change ☐ Addition  
2.2 NAME **Peterman Yvonne**  
2.3 STREET ADDRESS **415 Northwood Rd**  
2.4 CITY-ST-ZIP **W P B FL 33407**

3.1 TITLE **Trea.** ☐ Change ☐ Addition  
3.2 NAME **Frechette Wayne**  
3.3 STREET ADDRESS **4520 Broadway**  
3.4 CITY-ST-ZIP **W P B FL 33407**

4.1 TITLE **Gore Jean Sec.** ☐ Change ☒ Addition  
4.2 NAME **2916 W Tamarind Ave**  
4.3 STREET ADDRESS **W P B FL 33407**  
4.4 CITY-ST-ZIP

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

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

14. 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 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: **Wayne A. Frechette** Treasurer

**3/7/98** (561) 848-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041200

CR2E037 (10/97)