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May 24, 1999 8:00 am
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05-24-1999 90021 005 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40227

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
WEST PALM BEACH FL 33407
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/13/1990

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

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 33407

TITLE V ☐ DELETE

NAME PETERMAN, YVONNE
STREET ADDRESS 415 NORHTWOOD 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 33407

TITLE SD ☐ DELETE

NAME GORE, JEAN
STREET ADDRESS 2916 W. TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Katherine Harris
Katherine Harris, Secretary of State

5/20/99 (561) 848-5577

CR2E037 (11/98)