

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N40227**

1. Entity Name

NORTHWOOD AREA BUSINESS ASSOCIATION, INC.**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90108 049 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0326487

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GORE, RAYMOND
2916 E TAMARIND AVE
WEST PALM BEACH FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GORE RAYMOND**
CITY-ST-ZIP **2916 W TAMARIND AVE
W PALM BEACH FL 33407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **PETERMAN, YVONNE**
CITY-ST-ZIP **415 NORTHWOOD ROAD
W PALM BEACH FL 33407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **FRECHETTE, WAYNE**
CITY-ST-ZIP **4520 BROADWAY
W PALM BEACH FL 33407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GORE, JEAN**
CITY-ST-ZIP **2916 W. TAMARIND AVE
WEST PALM BEACH FL 33407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRANCH, LYNN**
CITY-ST-ZIP **417 25TH ST
WEST PALM BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)