## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

N44171

(9)

## PALM BEACH COUNTY COMMUNITY ORIENTED POLICING AS SOCIATION, INC.

Principal Place of Business Mailing Address P O BOX 540008 P O BOX 540006 3. Date Incorporated or Qualified LAKE WORTH FL \$3454-0006 LAKE WORTH FL 33454-0006 06/28/1991 4. FEI Number Applied For 65-0356307 Not Applicable 2. Principal Place of Business 2a. Mailing Address **\$8.75** Additional 5. Certificate of Status Desired П 21 Fee Required Suite, Apt. #. etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ox Number is Not Acceptable) **BOOTH, STEVEN** 82 C/O GREENACRES D P S 83 2995 JOG ROAD 3 3*40* **GREENACRES FL 33467** 84 City 85 Zip Code 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 occept the appointment as registered agent. I am familiar with and occept the appointment as registered agent. (Ukan) brown SIGNATURE registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE ABE" IBRAHIM NAME EBERHART, DAVID M 1.2 NAME 700 6th st **DBPD 300 W ATLANTIC AVE** STREET ADDRESS 1.3 STREET ADDRESS DELRAY BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP MICE DELETE **Addition** TITLE 21 TITLE RICHMO SCIARRIND SETTELEN, SHERRY 22 NAME LISPO 1701 BALBADOS STREET ADDRESS DBPD 300 W ATLANTIC AVE 2.3 STREET ADDRESS LAKE CLALE SHOWS FLORIDA 33406 DELRAY BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE CURTIS STRAMBAUGH THEEL, KIM 3.2 NAME BATO 40 W. CANOL ST SOUTH STREET ADDRESS JPD 210 MILITARY TRAIL 3.3 STREET ADDRESS BUL GLAVE FLOTION 33430 Jupiter Fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE **BOOTH, STEVEN** 4. 2 NAME GAPS 2995 JOG ROAD STREET ADDRESS 4.3 STREET ADDRESS GREENACRES FL CITY-ST-ZIP 4.4 CITY - ST - ZIP V Change DELETE Addition TITLE 5.1 TITLE DAVIS EBERHART DBPO 300 W. ATLANTIC AUC OLLRY BYAKA FL MAYO, CLARA NAME 5.2 NAME LWPD, 120 N "G" STREET STREET ADDRESS 5.3 STREET ADDRESS LAKE WORTH FL 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE □ DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 eath, 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.

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