2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

		- 4	AN	NU	AL	REP	ORT	

DOCUMENT # N9500001630 1. Entity Name BARTON CREEK VILLAGE NEIGHBORHOOD ASSOCIATION, INC.								04-	-09-2007 9	·00 9 6 006	****61.	25	
Principal Plac 901 NORTH 307 WEST PALM	POINTPKWY	,	Mailing Address 901 NORTH POINTPKWY 307 WEST PALM BEACH, FL 33407 US					40055195					
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					03012007 Ch	g-NP	CR2E037	' (12/06)		
City & State	e		Ci	ty & State			4. FEI Number 65-0656603					plied For t Applicable	
Zip		Country		Zip Co			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 Name							
SKRLD, IN 201 ALHAI STE 1102		र					Street Address (P.O. Box Number is Not Acceptable)						
CORAL GA	ABLES, FI	L 33134				City Zip Code)	
										FL	<u> </u>		
	named entitions of regis	y submits this statement fitered agent.	or the purp	ose of changing its	register	ed office o	r register	ed agent, or both, in t	he State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE													
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be									ake check				
	Due by f	May 1, 2007		Trust Fund (Contribut	tion.	Ш	Added to Fees	Flor	ida Departn	nent of St	ate	
10.	1	OFFICERS AND D	RECTORS		11.		/	ADDITIONS/CHANGE	S TO OFFICE				
TITLE NAME	VP	HKORN, IRIS	☐ Delete TITU									☐ Addition	
STREET ADDRESS	l	RTON CREEK CIR				ME Schleich Korn, Iris REET ADDRESS 10387 Barton Creek Cir							
CITY-ST-ZIP		ORTH, FL 33463				'-ST-ZIP							
TITLE	Р			Delete	TITL	E	5T				☐ Change	Addition	
NAME	BEHMK, I		NAM										
STREET ADDRESS CITY-ST-ZIP		RTON CREEK CIR ORTH, FL 33463				EET ADDRESS (-St-Zip	10201 1000 12						
TITLE	ST	JK111,1 E 35405	☐ Delete TITL			June 1001 14, 1 0 0,5105						☐ Addition	
NAME	ł	O, DEBORAH	NAM			ractain Dehamah . "					•		
STREET ADDRESS	l			The state of the s			ET ADDRESS 6396 Barton Creek Gr -ST-ZIP Lake Worth, FL 32463						
CITY-ST-ZIP	LAKE WO	ORTH, FL 33463		CITY									
TITLE				Delete	TITE						☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM STRI	ie Eet address							
CITY-ST-ZIP						r-ST-ZIP							
TITLE				☐ Delete	TITL	E					☐ Change	Addition	
NAME					NAM								
STREET ADDRESS				STREE								•	
CITY-ST-ZIP					_	'-ST-ZIP	-				☐ Change	☐ Addition	
TITLE NAME				☐ Delete	TITL						clialige	T VOOITION	
STREET ADDRESS				STRE			22						
CITY-ST-ZIP				СПУ-									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.													