

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90197 038 ****61.25

DOCUMENT # N95000001630			
1. Entity Name BARTON CREEK VILLAGE NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 901 NORTH POINTPKWY 307 WEST PALM BEACH, FL 33407		Mailing Address 901 NORTH POINTPKWY 307 WEST PALM BEACH, FL 33407 US	
2. Principal Place of Business - No P.O. Box # c/o WELLINGTON MANAGEMENT Suite, Apt. #, etc. 3461-B FAIRLANE FARMS Rd. City & State WELLINGTON, FL Zip 33414 Country USA		3. Mailing Address c/o WELLINGTON MANAGEMENT Suite, Apt. #, etc. 3461-B FAIRLANE FARMS Rd. City & State WELLINGTON, FL Zip 33414 Country USA	
4. FEI Number 65-0656603		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <u>JOHN NEWSOME</u> Street Address (P.O. Box Number is Not Acceptable) 3461-B FAIRLANE FARMS Rd. City <u>WELLINGTON</u> State <u>FL</u> Zip Code <u>33414</u>	
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <u>John Newsome</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <u>2-4-08</u> <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLEICHKORN, IRIS 6387 BARTON CREEK CIR LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KORONEC, ELISSA 6384 BARTON CREEK CIR LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CESTARO, DEBORAH 6396 BARTON CREEK CIR LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KORONEC, ELISSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORRECTION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KORONEC, ELISSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORRECTION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KORONEC, ELISSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORRECTION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KORONEC, ELISSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORRECTION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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.			
SIGNATURE: <u>Tris Schleich</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/28/08</u> Daytime Phone # <u>963 7941</u>	