

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N96000005162**

1. Entity Name  
**WEST PALM BEACH EMPLOYEES RETIREMENT  
ASSOCIATION, INC.**



Principal Place of Business  
**POST OFFICE BOX 22422  
WEST PALM BEACH, FL 33406**

Mailing Address  
**POST OFFICE BOX 22422  
WEST PALM BEACH, FL 33416-2422**

**DO NOT WRITE IN THIS SPACE**



02132005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0691440**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEVEN SLOANE NEWBURGH  
1675 PALM BEACH LAKES BLVD.  
SUITE 700  
WEST PALM BEACH, FL 33401**

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IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ALFREDO, LAY
STREET ADDRESS	2797 GEORGIA AVE.
CITY-ST-ZIP	W. PALM BEACH, FL 33405
TITLE	VPD
NAME	HURLEY, GOERGE
STREET ADDRESS	2825 E CROSLY DR. APT H
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	TD
NAME	FAGAN, DOROTHY
STREET ADDRESS	316 MARLBROUGH PLACE
CITY-ST-ZIP	W. PALM BEACH, FL 33405
TITLE	SD
NAME	CARR, HAZEL
STREET ADDRESS	2720 EXUMA RD.
CITY-ST-ZIP	W. PALM BEACH, FL 33406

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Dorothy Fagan, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/05 561-832-7877*

Date

Daytime Phone #