

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005162

FILED  
Feb 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

3200 SUMMIT BLVD.  
WEST PALM BEACH, FL 33416 US

**New Principal Place of Business:**

**Current Mailing Address:**

3200 SUMMIT BLVD.  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

**FEI Number:** 65-0691440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BARNARD, VICKI PRES.  
**Address:** 11289 PERSIMMON BLVD.  
**City-St-Zip:** W. PALM BEACH, FL 33411 US

**Title:** VPD  
**Name:** JOHN, FOLEY F V. PRES  
**Address:** 2903 SEMINOLE RD.  
**City-St-Zip:** WEST PALM BEACH, FL 33406 US

**Title:** TD  
**Name:** FAGAN, DOROTHY TREAS.  
**Address:** 316 MARLBROUGH PLACE  
**City-St-Zip:** W. PALM BEACH, FL 33405

**Title:** SD  
**Name:** BARBARA, EVANS SECR.  
**Address:** 141 WALKER AVE.  
**City-St-Zip:** GREENACRES, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DOROTHY FAGAN

TREA

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date