2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# N97000000401

Entity Name: SOUTHSIDE BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

399 FOREST HILL BLVD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

399 FOREST HILL BLVD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0679614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTRERAS, ELENA E
399 FOREST HILL BLVD
WEST PALM BEACH, FL 33405 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:	P	( ) Delete
Name:	CONTRERAS, ELENA E	
Address:	399 FOREST HILL BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	VP	( ) Delete
Name:	SPARLER, SYLVIA A	
Address:	4100 S DIXIE HWY STE C	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	T	( ) Delete
Name:	DERMOTT, TIM	
Address:	399 FOREST HILL BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	D	( ) Delete
Name:	BIANCHI, RANDY	
Address:	5913 S DIXIE HWY	
City-St-Zip:	W PALM BCH, FL 33045	
Title:	D	( ) Delete
Name:	WILSON, BETTY	
Address:	5911 S DIXIE HWY	
City-St-Zip:	W PALM BCH, FL 334054651	
Title:	D	( ) Delete
Name:	ISASI, GABRIEL	
Address:	6200 S DIXIE HWY	
City-St-Zip:	W PALM BCH, FL 33405	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIM DERMOTT OFFI 02/14/2006

Electronic Signature of Signing Officer or Director — Date