

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000401

FILED  
Apr 10, 2009  
Secretary of State

**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 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

SEC

04/10/2009

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

\_\_\_\_\_  
Date