

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005611

FILED
May 01, 2009
Secretary of State

Entity Name: NORTHBORO PARK HISTORIC NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

531 36TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8377
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0813229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOYLESS, DAVID
521 38TH STREET
WEST PALM BEACH, FL 33407 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 () Delete
Name: BOLLINGER, TOM
Address: 501 38TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SEC () Delete
Name: COLLETTE, RICHARD
Address: 531 36TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TR () Delete
Name: LOYLESS, DAVID
Address: 521 38TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVP () Delete
Name: CROSSE, MICHAEL
Address: 534 36TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KNEISS, JARED
Address: 515 39TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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

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

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

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: DAVID LOYLESS

TR

05/01/2009

Electronic Signature of Signing Officer or Director

Date