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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90148 019 \*\*\*\*61.25

0041951

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000001181**

1. Corporation Name

**THE ASSOCIATION FOR NEIGHBORHOOD PRESERVATION, I  
 NC.**

Principal Place of Business  
**1649 NORTH MILITARY TRAIL  
 WEST PALM BEACH FL 33417**

Mailing Address  
**1649 NORTH MILITARY TRAIL  
 WEST PALM BEACH FL 33417**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**02/26/1998**

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**ABBOTT, ADELE  
 1649 NORTH MILITARY TRAIL  
 WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPRING, DAVID</b>	
STREET ADDRESS	<b>4701 CHERRY ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POWELL, JOHN</b>	
STREET ADDRESS	<b>4886 VILMA LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEBERER, DENISE</b>	
STREET ADDRESS	<b>1451 NORTH MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHICKEY, BETTY</b>	
STREET ADDRESS	<b>4614 CHERRY ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ABBOTT, ADELE</b>	
STREET ADDRESS	<b>1649 NORTH MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary Director</b>
3.3 STREET ADDRESS	<b>Geraldine Barry</b>
3.4 CITY-ST-ZIP	<b>15366 Elaine Cir. West Palm Beach, FL 33417</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Betty Chickey* **SIGNATURE:** *Denise Heberer* **4/19/99** **561-683-5577**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)