

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721601

**Entity Name:** GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.

**FILED**  
**Aug 02, 2017**  
**Secretary of State**  
**CC6690901410**

**Current Principal Place of Business:**

CHAMBER OF COMMERCE INC  
140 NE 1ST STREET  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

CHAMBER OF COMMERCE INC  
140 NE 1ST STREET  
DELRAY BEACH, FL 33444 US

**FEI Number: 59-0581716**

**Certificate of Status Desired: No**

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

NOLAN, VINCENT  
140 NE 1ST STREET  
DELRAY BEACH, FL 33444 US

*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:** VINCENT NOLAN

08/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name POSILLICO, ROBERT  
Address 3100 S. FEDERAL HWY  
G  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name PORTEN, SCOTT  
Address 333 NE 2ND ST  
City-State-Zip: DELRAY BEACH FL 33483

Title PRESIDENT  
Name NOLAN, VINCENT  
Address 140 NE 1ST STREET  
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR  
Name FREEMAN, KELLI  
Address 1213 S. OCEAN BLVD  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name PAYNE, NOREEN  
Address 902 CLINT MOORE RD.  
228  
City-State-Zip: BOCA RATON FL 33487

Title CHAIRMAN  
Name BALESTRIERE, CATHY  
Address 82 GLEASON STREET  
City-State-Zip: DELRAY BEACH FL 33483

*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:** VINCENT NOLAN

**PRESIDENT**

08/02/2017

Electronic Signature of Signing Officer/Director Detail

Date