



NonProfit Corporation Reinstatement Report

Chapter 24.03 RCW

Entity Name: **NORTH WEST COUNTIES NARPM**
Current Registered Agent/Office Address:
ROBYN BEACH
2523 WEST BEACH RD
OAK HARBOR WA 98277

This Box For Office Use Only

UBI Number:602 044 327

EXPEDITE (Add \$50.00 to the amount shown below.)

Please submit completed paperwork with the required fee.

For an explanation of fees please refer to the instruction page.

Reinstatement period: 6/1/2014 – 5/31/2015*	Delinquent license fees:	\$10.00
Date of incorporation: 5/18/2000	Reinstatement fee:	\$ 30.00
Date of dissolution: 9/2/2014	Penalty fee:	\$ 5.00
	Annual renewal fee for: _____	_____
	TOTAL FEES DUE:	\$45.00

If the last date of the reinstatement period* shown above has passed, please call 360-725-0377 as new forms and fees will be required. 12/4/14 KR

SECTION 1: New registered agent information

(Required if changing registered agent or registered agent address(es))

Name: Ginger Slattery

Physical Street Address (required) 35 SE Ely Street / 310 Mounts Rd.

City OAK HARBOR WA Zip Code 98277

Mailing or Postal Address (optional): _____

City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT (If new agent):

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

x Ginger Slattery
Signature of NEW Registered Agent

Ginger Slattery
Printed Name

12/4/14
Date

SECTION 2: Principal Place of Business

Address: 35 SE ELY STREET
City OAK Harbor WA Zip Code 98277

SECTION 3: Nature of Business

Briefly describe the business the Nonprofit Corporation is conducting in the State of Washington:
Education & networking to improve property managers

SECTION 4: List Names and Addresses of Officers and Directors:

(attach additional list if needed)

The President and Secretary may not be the same person.

President: Theresa Reed

Address: 285 NE Midway Blvd #2
City OAK Harbor State WA Zip Code 98277

Vice President: Traci Erickson

Address: 320 S. Burlington Blvd
City Burlington State WA Zip Code 98233

Secretary: Stephanie VerVaart

Address: 320 S. Burlington Blvd
City Burlington State WA Zip Code 98233

Treasurer: Ginger Slattery

Address: 35 SE ELY Street, Or
City OAK Harbor State WA Zip Code 98277

Chair Bd of Directors: _____

Address: _____

City _____ State _____ Zip Code _____

SECTION 5: Signature

● I certify that the grounds for dissolution either did not exist or have been eliminated and that the nonprofit corporation's name satisfies the requirements of RCW 24.03.

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X Ginger Slattery Ginger Slattery 360-675-9097
Signature of Officer Printed Name and Title Date Phone Number