

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90093 006 ****70.00

DOCUMENT # 736615

1. Entity Name

THE CITIZENS' ASSOCIATION OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

**2875 SOUTH OCEAN BOULEVARD
 PALM BEACH FL 33480**

**2875 SOUTH OCEAN BOULEVARD
 PALM BEACH FL 33480-5591**

00040135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1930968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHORR, MAX
 250 ROYALS PALM WAY
 PALM BEACH FL 33480**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SD** Delete
 NAME: **MEMOLY, VIVIAN**
 STREET ADDRESS: **2840 S OCEAN BLVD**
 CITY-ST-ZIP: **PALM BEACH FL 33480**

TITLE: **SD** Change Addition
 NAME: **PYMS, JACK**
 STREET ADDRESS: **2545 S OCEAN BLVD**
 CITY-ST-ZIP: **PALM BEACH FL 33480**

TITLE: **V** Delete
 NAME: **CURRAN, EILEEN**
 STREET ADDRESS: **3170 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP: **PALM BEACH FL 33480**

TITLE: **V** Change Addition
 NAME: **REISMAN, BERNARD**
 STREET ADDRESS: **2600 SO. OCEAN BLVD**
 CITY-ST-ZIP: **PALM BEACH, FL 33480**

TITLE: **GCD** Delete
 NAME: **SCHORR, MAX**
 STREET ADDRESS: **2778 S OCEAN BLVD**
 CITY-ST-ZIP: **PALM BCH, FL 00000**

TITLE: **V** Change Addition
 NAME: **DAVIS, BEVERLY**
 STREET ADDRESS: **2778 SO OCEAN BLVD.**
 CITY-ST-ZIP: **PALM BEACH, FL 33480**

TITLE: **CD** Delete
 NAME: **LEVENSON, ALBERT**
 STREET ADDRESS: **3450 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP: **PALM BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **KING, WILLIAM**
 STREET ADDRESS: **2850 S OCEAN BLVD**
 CITY-ST-ZIP: **PALM BCH, FL 00000**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **CD** Delete
 NAME: **HORWICH, HARRY**
 STREET ADDRESS: **2860 S. OCEAN BLVD.**
 CITY-ST-ZIP: **PALM BCH FL 33480**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William P. King **WILLIAM P. KING** March 12, 2000 (561)5855157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)