

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90125 032 ****61.25

DOCUMENT # 751519

1. Entity Name

WORTH AVENUE ASSOCIATION, INC.

Principal Place of Business

WORTH AVENUE

PO BOX 2126

PALM BEACH FL 33480

Mailing Address

PO BOX 2126

PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2088930

Applied For

Not Applicable

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

SMYTHE, MARTHA

504 PINTO CIR

WELLINGTON FL 33414

Name

PHYLLIS HALLE

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

231-I FOXTAIL DRIVE

City

GREENACRES

FL

Zip Code

33415

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

Phyllis Halle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/02/02

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 **PD** ☐ Delete
 NAME **SCHWALBERG, MARTIN**
 STREET ADDRESS **329 WORTH AVENUE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **VD** ☐ Delete
 NAME **RIEHTER, STEFAN**
 STREET ADDRESS **224 WORTH AVENUE**
 CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **VD** ☒ Delete
 NAME **COURSEY, NORINA**
 STREET ADDRESS **172 WORTH AVENUE**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **ED KASSATLY**
 STREET ADDRESS **250 WORTH AVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **TD** ☒ Delete
 NAME **MIZELLE, NANCY**
 STREET ADDRESS **125 WORTH AVE**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **PETER KIYOKAWA**
 STREET ADDRESS **329 WORTH AVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **SD** ☐ Delete
 NAME **FRANKEL, SHERRY**
 STREET ADDRESS **256 WORTH AVENUE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **M** ☒ Delete
 NAME **SMYTHE, MARTHA**
 STREET ADDRESS **504 PINTO CIR**
 CITY-ST-ZIP **WELLINGTON FL**

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:

Peter Kiyokawa **2/2/02** **(561) 655 5770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)