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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N28567

1. Corporation Name

AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAS T, INC.

Principal Place of Business

8895 N MILITARY TRL STE 201C  
PALM BEACH GARDENS FL 33410

Mailing Address

8895 N MILITARY TRL STE 201C  
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/27/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0087858

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATT, JAMES L.  
1200 NORTHBRIDGE CENTRE 1  
515 NORTH FLAGLER DRIVE  
W. PALM BEACH FL 33401-1307

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  DELETE  
NAME ZIMMERMAN, JEANNE  
STREET ADDRESS 208 RIVER DRIVE  
CITY-ST-ZIP TEQUESTA FL 33469

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME DAY, MARY E.  
STREET ADDRESS 9043 E HIGHLAND PINES BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE VD  DELETE  
NAME GACKENHEIMER, E. DREW  
STREET ADDRESS 4847 GLADSTONE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE VD  Change  Addition  
3.2 NAME Russell, Charles  
3.3 STREET ADDRESS 6007 Balsam Drive  
3.4 CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE SD  DELETE  
NAME SYFRETT, FRANCES G.  
STREET ADDRESS PO BOX 1287 N/A  
CITY-ST-ZIP OKEECHOBEE FL

4.1 TITLE SD  Change  Addition  
4.2 NAME Hawkins, André  
4.3 STREET ADDRESS 1136 SW Greenbriar Cove  
4.4 CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE TD  DELETE  
NAME KINSEY, EDWARD  
STREET ADDRESS 3821 NORTH SHORE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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: *Mary E. Day* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.99 561/627-0698  
Date Daytime Phone #

CR2E037 (1/198)