

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90129 023 \*\*\*\*61.25

0010883

**DOCUMENT # N98000001868**

1. Entity Name

**PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC.**



Principal Place of Business

2600 QUANTUM BLVD.  
BOYNTON BCH FL 33426

Mailing Address

2600 QUANTUM BLVD.  
BOYNTON BCH FL 33426

2. Principal Place of Business

**1764 N. Congress Ave**

3. Mailing Address

**1764 N. Congress Ave**

Suite, Apt. #, etc.

**Suite 201**

Suite, Apt. #, etc.

**Suite 201**

City & State

**West Palm Beach FL**

City & State

**West Palm Beach, FL**

Zip

**33409**

Country

**USA**

Zip

**33409**

Country

**USA**



☒ - CHECK, HERE, IF, MAKING, CHANGES

4. FEI Number **59-3503761**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COMBAST, ERIC  
1400 CENTREPARK BLVD  
SUITE 700  
WEST PALM BEACH FL 33401-7419**

7. Name and Address of New Registered Agent

Name **Combast, Eric**  
Street Address (P.O. Box Number is Not Acceptable)  
**1764 N. Congress Avenue**  
**Suite 201**  
City **West Palm Beach** **FL** Zip Code **33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Same**

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **COMBAST, ERIC**  
STREET ADDRESS **1400 CENTREPARK BLVD, SUITE 700**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401-7419**

TITLE **VPD** ☐ Delete  
NAME **HAPKE, PAMELA**  
STREET ADDRESS **7000 W ATLANTIC AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **TD** ☒ Delete  
NAME **YANKOW, JEFFREY**  
STREET ADDRESS **2180 HYPOLUXO RD**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **SD** ☐ Delete  
NAME **FLORENCE, DAVID**  
STREET ADDRESS **3923 LAKE WORTH ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Eric Combast address** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1764 N. Congress Ave, Suite 201**  
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **Kasha Owers** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1764 N. Congress Avenue, Suite 201**  
CITY-ST-ZIP **West Palm Beach, FL 33409**

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

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

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

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:

**Kasha Owers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (4/03)