

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709604

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC3087695477**

**Entity Name:** PALM BEACH COUNTY BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

1507 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1507 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 59-1846990

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEER, JERALD S.  
515 N. FLAGLER DR.  
WEST PALM BEACH, FL 33401 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           MCELROY, ROBERT IV  
Address        3501 PGA BLVD  
                  SUITE 201  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           PRESIDENT-ELECT  
Name           PRESSLY, JAMES G  
Address        222 LAKEVIEW AVENUE STE 910  
City-State-Zip: WEST PALM BEACH FL 33401

Title           D  
Name           BAKER-BARNES, SIA  
Address        2139 PALM BEACH LAKES BLVD.  
City-State-Zip: WEST PALM BEACH FL 33409

Title           DIRECTOR  
Name           HUBER, GREGORY P  
Address        4600 MILITARY TRAIL  
                  SUITE 212  
City-State-Zip: JUPITER FL 33458

Title           DIRECTOR  
Name           WHITTLES, JOHN  
Address        250 S AUSTRALIAN AVENUE  
                  SUITE 1504  
City-State-Zip: WEST PALM BEACH FL 33401

Title           PRESIDENT  
Name           KYPREOS, THEODORE  
Address        505 SOUTH FLAGLER DRIVE  
                  SUITE 1100  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THEODORE KYPREOS

**PRESIDENT**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date