

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736615

**Entity Name:** THE CITIZENS' ASSOCIATION OF PALM BEACH, INC

**Current Principal Place of Business:**

2875 S OCEAN BLVD, SUITE 200  
PALM BEACH, FL 33480

**Current Mailing Address:**

2875 S OCEAN BLVD, SUITE 200  
PALM BEACH, FL 33480 US

**FEI Number:** 59-1930968

**Certificate of Status Desired:** No

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

DIREKTOR, KENNETH S. ESQ.  
BECKER & POLIAKOFF, P.A.  
BANK OF AMERICA CENTRE 625 NORTH FLAGLER DRIVE  
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:** BERNARD R PANFEL

04/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE CHAIR  
Name INTRAUB, JUDY  
Address 2760 SOUTH OCEAN BOULEVARD  
City-State-Zip: PALM BEACH FL 33480

Title VICE CHAIR  
Name KLEID, DICK  
Address 2660 SOUTH OCEAN BOULEVARD  
City-State-Zip: PALM BEACH FL 33480

Title TREASURER, FUNDRAISING  
Name ALDRIDGE, SKIP  
Address 2295 SOUTH OCEAN BOULEVARD  
City-State-Zip: PALM BEACH FL 33480

Title CHAIR, SEMINARS  
Name SINGER, DONALD  
Address 2295 SOUTH OCEAN BOULEVARD #303  
City-State-Zip: PALM BEACH FL 33480

Title VICE CHAIR, CHAMBER OF COMMERCE  
Name MAMBRINO, ROBERTA  
Address 2545 S OCEAN BLVD. 407  
City-State-Zip: PALM BEACH FL 33480

Title VICE CHAIR  
Name MAJTLIS, BRAM  
Address 2775 S OCEAN BLVD  
City-State-Zip: PALM BEACH FL 33480

Title SECRETARY  
Name BRENNAN, LINDA  
Address 2850 PALM WORTH UNIT 702  
City-State-Zip: PALM BEACH FL 33480

Title GENERAL COUSEL  
Name JACOBS, STEPHEN  
Address 3000 BELLARIA 201  
City-State-Zip: PALM BEACH FL 33480

*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:** SKIP ALDRIDGE

TREASURER

04/04/2020

Electronic Signature of Signing Officer/Director Detail

Date