

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

DOCUMENT# 740305

**Entity Name:** PALM BEACH SECTION, NATIONAL COUNCIL OF JEWISH WOMEN, INC.

**Current Principal Place of Business:**

P.O.BOX 540414  
GREENACRES, FL 33454

**Current Mailing Address:**

115 VIA MARIPOSA  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 51-0187762**

**Certificate of Status Desired: No**

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

BERKNER, ZOFIA  
115 VIA MARIPOSA  
PALM BEACH GARDENS, FL 33418 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:** ZOFIA BERKNER

03/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MERLE, BASSIN  
Address 10256 ORCHID RESERVER DR  
City-State-Zip: WEST PALM BEACH FL 33415

Title PRESIDENT  
Name SIEGEL, GAIL G  
Address 6650 VIA DANTE  
City-State-Zip: LAKE WORTH FL 33467

Title VP  
Name TRAUB, JUDITH  
Address 4860 EXETER ESTATE LA  
City-State-Zip: LAKE WORTH FL 33467

Title T  
Name BERKNER, ZOFIA  
Address 115 VIA MARIPOSA BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT  
Name GOLDSTEIN, RONA  
Address 245 PORTO VECCHIO WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name ZALAZNICK, RUTH  
Address 10517 KIPLING WAY  
City-State-Zip: WELLINGTON FL 33449

*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:** ZOFIA BERKNER

**TREASURER**

03/09/2015

Electronic Signature of Signing Officer/Director Detail

Date