

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28567

**Entity Name:** AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.

**FILED**  
**Feb 04, 2014**  
**Secretary of State**  
**CC3601531272**

**Current Principal Place of Business:**

4400 N. CONGRESS AVENUE,  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4400 N. CONGRESS AVENUE,  
WEST PALM BEACH, FL 33407

**FEI Number: 65-0087858**

**Certificate of Status Desired: Yes**

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

ESTREMER-FITZGERALD, JAIME  
4400 N. CONGRESS AVENUE,  
WEST PALM BEACH, FL 33407 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 PD  
Name MICHAEL, DYER K  
Address 4347 SW LA PALOMA DRIVE  
City-State-Zip: PALM CITY FL 34990

Title SD  
Name MYER, FAITH  
Address 4219 OAK STREET  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP2  
Name DOREEN, MCGUNAGLE  
Address 1722 KELSO AVENUE  
City-State-Zip: LAKE WORTH FL 33460

Title VP1  
Name FRETWELL, BARBARA D  
Address 8215 154TH ROAD NORTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TD  
Name WHITE, GILBERT  
Address 2500 S. KANNER HIGHWAY  
City-State-Zip: STUART FL 34994

*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: MICHAEL DYER**

**PD**

**02/04/2014**

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

\_\_\_\_\_  
Date