

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28567

**FILED  
Mar 25, 2021  
Secretary of State  
4400664006CC**

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

**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: No**

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

CHENETTE, DWIGHT  
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: DWIGHT CHENETTE**

**03/25/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LEWIS, KATHRYN  
Address 252 HONEYSUCKLE DRIVE  
City-State-Zip: JUPITER FL 33458

Title SECRETARY  
Name CIOFFI, JAMES ESQ.  
Address 250 TEQUESTA DRIVE  
PO BOX 3010  
City-State-Zip: TEQUESTA FL 33469

Title CEO  
Name CHENETTE , DWIGHT  
Address 4400 N. CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR  
Name CORDES, IAN L  
Address 400 EXECUTIVE CENTER DR  
SUITE 208  
City-State-Zip: WEST PALM BEACH FL 33401

Title CHAIR  
Name THOMAS-RICHARDS, JOSE R DR.  
Address 17145 BAY STREET  
City-State-Zip: JUPITER FL 33477

Title MEMBER AT LARGE  
Name VESTRICH-HUDANISH, LESLEY  
Address 4606 SE MANATEE LANE  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name ABARBANELL, NEAL DR.  
Address 9556 DOUBLOON DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name GAINES, ARNOLD ESQ.  
Address P.O. BOX 37  
City-State-Zip: FORT PIERCE FL 34954

**Continues on page 2**

*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: DWIGHT D. CHENETTE**

**CEO**

**03/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RADCLIFFE, RONALD G JR.  
Address 8016 SE ASARO STREET  
City-State-Zip: HOBE SOUND FL 33455

Title MEMBER AT LARGE  
Name SISKIN, SHELDON B  
Address 6858 WOODBRIDGE DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title VC  
Name SHEPPARD, RANDALL  
Address 14851 60TH DRIVE NORTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER  
Name SILVERMAN, LEWIS  
Address 65 ST. GEORGE PLACE  
City-State-Zip: PALM BEACH GARDENS FL 33418