

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

DOCUMENT# N28567

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC8775976358**

**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:** Yes

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

ESTREMERA-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 VP1  
Name SUGARMAN, JAMES  
Address 248 NORTH COUNTY CLUB DRIVE  
City-State-Zip: ATLANTIS FL 33462

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 PD  
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

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

*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:** JAIME ESTREMERA-FITZGERALD

**CEO**

**01/09/2015**

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

\_\_\_\_\_  
Date