

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90285 023 \*\*\*\*70.00

**DOCUMENT # 736615**

1. Entity Name

**THE CITIZENS' ASSOCIATION OF PALM BEACH, INC.**

Principal Place of Business

Mailing Address

**2875 SOUTH OCEAN BOULEVARD  
PALM BEACH FL 33480**

**2875 SOUTH OCEAN BOULEVARD  
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1930968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, ESQ., JACK  
2875 SO. OCEAN BLVD  
PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **PYMS, JACK**  
STREET ADDRESS **2545 S OCEAN BLVD**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **SEC** ☒ Change ☐ Addition  
NAME **CHARLOTTE MORRIS**  
STREET ADDRESS **2840 SO OCEAN BLVD #309**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **V** ☐ Delete  
NAME **DAVIS, BEVERLY**  
STREET ADDRESS **2778 SO. OCEAN BLVD**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **V** ☒ Change ☐ Addition  
NAME **HAROLD NECTOW**  
STREET ADDRESS **2780 SO OCEAN BLVD #110**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **GCD** ☐ Delete  
NAME **MCDONALD, ESQ., JACK**  
STREET ADDRESS **2875 SO. OCEAN BLVD, #200**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **FRANK, GERALD**  
STREET ADDRESS **2875 SO. OCEAN BLVD, #200**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **PANFEL, BERNARD**  
STREET ADDRESS **2875 SO. OCEAN BLVD**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **HORWICH, HARRY**  
STREET ADDRESS **2860 S. OCEAN BLVD.**  
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **CD** ☒ Change ☐ Addition  
NAME **BEVERLY DAVIS**  
STREET ADDRESS **2778 SO OCEAN BLVD #208N**  
CITY-ST-ZIP **PALM BEACH FL 33480**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)