

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90089 019 ****61.25

DOCUMENT # 751519

1. Entity Name

WORTH AVENUE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

225 WORTH AVENUE
 PO BOX 2126
 PALM BEACH FL 33480

225 WORTH AVENUE
 PO BOX 2126
 PALM BEACH FL 33480-2126

A0001782



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

318 WORTH AVENUE
 Suite, Apt. #, etc.

P.O. Box 2126
 Suite, Apt. #, etc.

P.O. Box 2126
 City & State

Palm Beach
 City & State

Palm Beach, FL
 Zip

FL
 Zip

33480
 Country

33480
 Country

4. FEI Number

59-2088930

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

SMYTHE, MARTHA
 504 PINTO CIR
 WELLINGTON FL 33414

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:
FEES 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	PD (SP)	☐ Delete
NAME	SCHURALBERG, MARTIN	
STREET ADDRESS	329 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	☐ Delete
NAME	RIEHTER, STEFAN	
STREET ADDRESS	224 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	☐ Delete
NAME	COURSEY, NORINA	
STREET ADDRESS	172 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	☐ Delete
NAME	MIZELLE, NANCY	
STREET ADDRESS	125 WORTH AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	☐ Delete
NAME	FRANKEL, SHERRY	
STREET ADDRESS	256 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	M	☐ Delete
NAME	SMYTHE, MARTHA	
STREET ADDRESS	504 PINTO CIR	
CITY-ST-ZIP	WELLINGTON FL	

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

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: MARSHALL SMYTHE, MARTHA **Director** **01-05-2000** **561-659-6909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/98)