

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90087 005 ****61.25

DOCUMENT # 751519

1. Entity Name

WORTH AVENUE ASSOCIATION, INC.



Principal Place of Business

**318 WORTH AVENUE
PO BOX 2126
PALM BEACH FL 33480**

Mailing Address

**PO BOX 2126
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 **59-2088930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HALL, PHYLLIS
2911 FOXTAIL DR
GREENACRES FL 33416**

7. Name and Address of New Registered Agent

Name **KATHY BUSH**

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

4552 BROOK DRIVE

City **WEST PALM BEACH FL**

Zip Code **33417**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kathy Bush

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SCHWALBERG, 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	KASSATLY, ED	
STREET ADDRESS	250 WORTH AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	☐ Delete
NAME	KLYOKAWA, PETER	
STREET ADDRESS	329 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		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ 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:

SIGNATURE REQUIRED

T. Leason / Dir. A 1/30/03 \$611 6555770

CR2E037 (10/02)