2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004818

FILED Feb 08, 2011 Secretary of State

Entity Name: WORTH AVENUE RESTORATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O KUBICKI DRAPER

C/O THE GOODMAN CO., 777 S. FLAGLER DRIVE SUITE 1101 - EAST TOWER

1645 PALM BEACH LAKES BLVD., SUITE 1100

WEST PALM BEACH, FL 33401

WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

New Mailing Address:

C/O THE GOODMAN CO., 777 S. FLAGLER DRIVE SUITE 1101 - EAST TOWER

C/O KUBICKI DRAPER 1645 PALM BEACH LAKES BLVD., SUITE 1100

WEST PALM BEACH, FL 33401

WEST PALM BEACH, FL 33401

FEI Number: 26-2694850 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SILVESTRI, LAWRENCE A

RANKIN, JANE C

THE GOODMAN CO., 777 S. FLAGLER DRIVE

KUBICKÍ DRAPER, 1645 PALM BEACH LAKES BLVD

SUITE 1101- EAST TOWER WEST PALM BEACH, FL 33401 US SUITE 1100 WEST PALM BEACH, FL 33401 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: JANE C. RANKIN

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02/08/2011

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: VP D

Name: GOODMAN, MURRAY H

Address: 777 S. FLAGLER DR, SUITE 1106 - EAST TOWER

City-St-Zip: WEST PALM BEACH, FL 33401

Title: P D

Name: HANDELSMAN, BURTON
Address: PO BOX 28, GEDNEY STATION
City-St-Zip: WHITE PLAINS, NY 10605

Title: T D

 Name:
 HOLZER, JANE

 Address:
 41 E. 65TH ST

 City-St-Zip:
 NEW YORK, NY 10021

Title: 9

Name: SMYTHE, MARTHA
Address: 504 PINTO CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: BURTON HANDELSMAN

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02/08/2011