

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90232 049 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N98000001868**

1. Corporation Name

**PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC.**Principal Place of Business  
2600 QUANTUM BLVD.  
BOYNTON BCH FL 33426Mailing Address  
2600 QUANTUM BLVD.  
BOYNTON BCH FL 33426

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

59-3503761

Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FLEISCHER, SUSAN  
2699 STIRLING RD., SUITE C-304  
FT. LAUDERDALE FL 33312

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | Chair - D <input type="checkbox"/> DELETE  | 1.1 TITLE   | Chair - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| NAME                       | Susan Fleischer/Rona Bartelstone           | 1.2 NAME  | Susan Fleischer/Rona Bartelstone   |
| STREET ADDRESS             | 2699 Stirling Rd. Associates               | 1.3 STREET ADDRESS                                    | 2699 Stirling Rd   |
| CITY-ST-ZIP                | Fort Lauderdale, FL 33312                  | 1.4 CITY-ST-ZIP                                       | Fort Lauderdale, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   | Co-Chair - D   |
| NAME                       |  | 2.2 NAME  | Bonnie Cohen/Legal Aid Society   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | 423 Fern Street  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | Secretary - D  |
| NAME                       |  | 3.2 NAME  | Jeffrey Yankow/Ridge Terrace   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | Health Care Center   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | 2180-Hypoluxo Road <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | Lantana, FL 33462  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| NAME                       |  | 5.2 NAME  | Jack Steele/Area Agency on Aging   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | 8895 N. Military Trail, #201C  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Fleischer **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 954-767-8999

Date

Daytime Phone #

CR2E037 (11/98)