

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704785

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1262688878**

**Entity Name:** THE CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

4101 PARKER AVE.  
WEST PALM BEACH, FL 33405 US

**FEI Number: 59-1084179**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREER, JR., THOMAS DR.  
4101 PARKER AVE  
WEST PALM BEACH, FL 33405 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: DR. THOMAS GREER, JR.**

**01/12/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SWANSON, KAREN  
Address 205 VIA TORTUGA  
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT  
Name ERDMANN, ELIZABETH  
Address 1555 PALM BEACH LAKES BLVD,  
SUITE 750  
City-State-Zip: WEST PALM BEACH FL 33401

Title S  
Name TRAVIS, PATTI  
Address 222 LAKEVIEW AVE, SUITE 1600  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name ROMEAR, RONALD DR.  
Address 5205 VILLAGE BOULEVARD  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name CACCIAGUIDA, ROY DR.  
Address 7780 IRONHORSE BOULEVARD  
City-State-Zip: WEST PALM BEACH FL 33412

Title DT  
Name MULHOLLAND, DAN  
Address 3100 SOUTH OCEAN BLVD  
APT 2045  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name LEVINE, RICHARD A  
Address 453 PRESTUICK CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name PARKER, MELISSA  
Address 400 N. FLAGLER DR.  
APT 705  
City-State-Zip: WEST PALM BEACH FL 33401

**Continues on page 2**

*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: ELIZABETH E. ERDMANN**

**CHAIRMAN**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name POMPEA, TAMERA  
Address 520 BALD EAGLE DR  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name MOORE, BECKY  
Address 2465 SNOOK TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VC  
Name QUATTLEBAUM, GREG  
Address 151 CORTEZ ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title DIRECTOR  
Name SILVERSTEIN, LARRY  
Address 2700 NORTH OCEAN DRIVE  
APT 303A  
City-State-Zip: SINGER ISLAND FL 33404