

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28567

Entity Name: AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.**FILED**
Jan 10, 2017
Secretary of State
CC5086650501**Current Principal Place of Business:**4400 N. CONGRESS AVENUE,
WEST PALM BEACH, FL 33407**Current Mailing Address:**4400 N. CONGRESS AVENUE,
WEST PALM BEACH, FL 33407**FEI Number: 65-0087858****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ESTREMER-FITZGERALD, JAIME
4400 N. CONGRESS AVENUE,
WEST PALM BEACH, FL 33407 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	SUGARMAN, JAMES
Address	248 NORTH COUNTY CLUB DRIVE
City-State-Zip:	ATLANTIS FL 33462

Title	TREASURER
Name	MYER, FAITH
Address	4219 OAK STREET
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VC
Name	WHITE, GILBERT
Address	2500 S. KANNER HIGHWAY
City-State-Zip:	STUART FL 34994

Title	CEO
Name	ESTREMER-FITZGERALD, JAIME
Address	4400 N. CONGRESS AVENUE,
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SECRETARY
Name	FORGIE, ELAYNE
Address	104 SE ATLANTIC DRIVE
City-State-Zip:	LANTANA FL 33462

Title	VP
Name	THOMAS-RICHARDS, JOSE
Address	17145 BAY STREET
City-State-Zip:	JUPITER FL 33477

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: JAIME ESTREMER-FITZGERALD**CEO****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date