

18CF 5951

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A. 3. Request for Warrant
4. Request for Capias

3 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-036208				
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No				
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) CENTURY VILLAGE, 34-B COVENTRY WEST PALM BCH FL 33417								
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) TIBURZI, CAROLYN A.				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 09/15/1945	Height 506	Weight 130	Eye Color BRO	Hair Color BRO	Complexion MEDIUM	Build MEDIUM		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status UNK	Religion NONE	Indication of: Alcohol Influence Drug Influence				
	Local Address (Street, Apt. Number) 34-B COVENTRY		(City) WEST PALM BCH FL	(State) FL	(Zip) 33417	Phone () UNKNOWN		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number) SAME		(City)	(State)	(Zip)	Phone		Address Source PUBLIC RECORD			
	Business Address (Name, Street) NONE		(City)	(State)	(Zip)	Phone		Occupation			
	D/L Number, State T16210101458530 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK		Citizenship USA		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
JUvenile	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone						
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated				
	Released To: (Name)		Relationship			Date	Time				
	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade				
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
	Charge Description GRAND THEFT		Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 812.014 (2B)		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit \$26642	Offense # 18-036208	Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
NOTICE TO APPEAR	Location (Court, Room Number, Address)										
	Court Date and Time Month Day Year Time AM										
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										
Signature of Defendant (or Juvenile and Parent /Custodian)					Date Signed						
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer DET M. STONE			Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) DET M. STONE			ID # 6456			
	Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency	Witness here if subject signed with an -X"			PAGE 1 OF 3	

MAILED
JAN 22 PM 3:32
P.A. M. STONE
CRIMINAL DIVISION
FILED

ADMIN Agency ORI Number **FLO 50000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-18-036208**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

DEF Name (Last, First, Middle) **TIBURZI, CAROLYN A.** Race **W** Sex **F** Date of Birth **09/15/1945**

CHARGES Charge Description **GRAND THEFT 812.014 (2B)** Charge Description

VICTIM Victim's Name (Last, First, Middle) **COVENTRY B CONDO-ASSOCIATION (POA)** Race **A** Sex **M** Date of Birth **09/16/1950**
 Local Address (Street, Apt. Number) (City) (State) (zip) Phone () Address Source **PATRICK HEUNG**
 Business Address (Name, Street) (City) (State) (zip) Phone **(407) 715-2876** Occupation **BOARD MEMBER**
34 COVENTRY APT B, WEST PALM BEACH, FL 33417

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to **DET STONE & HEUNG** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **6** day of **APRIL** 20 **18** at _____ A. M. P. M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

ON 02/08/2018, D/S P. CAMPBELL #28980, WAS DISPATCHED TO 2102 WEST DRIVE, WEST PALM BEACH, FLORIDA, IN REFERENCE TO A FRAUD COMPLAINT. UPON ARRIVAL I MADE CONTACT WITH THE COMPLAINANTS, MICHAEL EVERNHAM AND PATRICK LEUNG. EVERNHAM AND LEUNG ARE REPRESENTATIVES OF THE COVENTRY B CONDOMINIUM ASSOCIATION (POA). BOTH REQUESTED A CRIMINAL INVESTIGATION INTO AN APPRENT THEFT OF ASSOCIATION FUNDS. MY INVESTIGATIVE ASSIGNMENT RESULTED IN THE FOLLOWING PROBABLE CAUSE TO CHARGE THE COVENTRY B CONDOMINIUM ASSOCIATION PRESIDENT AND TREASURER, CAROLYN TIBURZI, WITH GRAND THEFT:

ON 02/15/2018, I SPOKE WITH PATRICK LEUNG (BY PHONE) WHO TOLD ME REPRESENTS THE POA IN THIS COMPLAINT. HE SAID THAT THE POA PRESIDENT, CAROLYN TIBURZI, HAD ADMITTED TO HIM THAT SHE HAD TAKEN MONEY FROM THE POA BANK ACCOUNT AND USED IT FOR HER PERSONAL NEEDS. HE SAID THE POA BOARD MEMBERS WANT TO PRESS CRIMINAL CHARGES AGAINST HER FOR THE THEFT. HE AGREED TO PROVIDE A SWORN STATEMENT AND CORROBORATING BANK DATA PER MY REQUEST. I THEN CALLED CAROLYN TIBURZI (RECORDED) TO ASK HER FOR HER SIDE OF THE STORY. SHE WAS VERY POLITE, AND FREELY ADMITTED TO COMMITTING THE THEFTS AS ALLEGED. SHE EXPLAINED THAT SHE TOOK THE MONEY BECAUSE OF FINANCIAL AND MEDICAL HARDSHIP, AND TO WIRE IT TO A MAN SHE MET ONLINE. SHE INVITED ME TO HER HOME TO FULLY EXPLAIN WHAT HAD HAPPENED AND OFFERED TO PAY BACK THE POA ONCE SHE SELLS HER CONDO.

ON 02/16/2018, HEUNG HAD COME INTO THE PALM BEACH COUNTY SHERIFF'S OFFICE DISTRICT 3 DETECTIVE BUREAU. THERE, HE REVIEWED THE POA'S CHASE BANK ACCOUNT STATEMENTS (ACCOUNT NUMBER [REDACTED]) FROM SEPTEMBER TO OCTOBER 2017 AND IDENTIFIED THE FOLLOWING UNAUTHORIZED TRANSACTIONS HE SAID CAROLYN TIBURZI HAD DONE TO COMMIT \$26642 IN THEFT:

SEPTEMBER 19, 2017, A DOMESTIC WIRE TRANSFER WAS MADE IN THE AMOUNT OF \$3120.00
 OCTOBER 16, 2017, THE ACCOUNT'S CERTIFICATE OF DEPOSIT (CD) WAS REDEEMED IN THE AMOUNT OF \$22,375.
 OCTOBER 16, 2017, A DOMESTIC WIRE TRANSFER WAS MADE IN THE AMOUNT OF \$12,000.
 OCTOBER 20, 2017, A DOMESTIC WIRE TRANSFER WAS MADE IN THE AMOUNT OF \$10,500.
 \$70 IN TRANSACTION FEES WERE CHARGED FROM THESE TRANSFERS.

ADMINISTRATIVE STATE OF FLORIDA COUNTY OF PALM BEACH **DET M. STONE**
 (Signature of Arresting/Investigative Officer)
 The foregoing instrument was sworn to or affirmed and subscribed before me this **6** day of **APRIL** 20 **18** by **DET M. STONE 6456**
 (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10) **3465**

ADMIN Agency ORI Number **FLO 50000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-18-036208**
 Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other Special Notes:

DEE Name (Last, First, Middle) **TIBURZI, CAROLYN A.** Alias _____ Race **W** Sex **F** Date of Birth **09/15/1945**

CHARGES Charge Description **GRAND THEFT** **812.014 (2B)** Charge Description _____
 Charge Description _____ Charge Description _____

VICTIM Victim's Name (Last, First, Middle) **COVENTRY B CONDO-ASSOCIATION (POA)** Race **A** Sex **M** Date of Birth **09/16/1950**
 Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (zip) _____ Phone _____ Address Source **PATRICK HEUNG**
 Business Address (Name, Street) _____ (City) _____ (State) _____ (zip) _____ Phone **(407) 715-2876** Occupation **BOARD MEMBER**

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody _____
 committed the below acts in my presence. was observed by _____ who told _____
 confessed to **DET STONE & HEUNG** that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.
 admitting to the below facts.
 On the **6** day of **APRIL** 20 **18** at _____ A.M. P.M. (Specifically include facts constituting cause for arrest.)

(cont.) FROM OCTOBER 13 THROUGH OCTOBER 31, 2017 A TOTAL OF \$952 IN ATM AND DEBIT CARD WITHDRAWALS WERE MADE AT PUBLIX, SPEEDWAY, MCDONALD'S, AND WALMART STORES.
 HEUNG GAVE A SWORN RECORDED STATEMENT SAYING, ON BEHALF OF THE ASSOCIATION AND HOMEOWNERS WHO FUND IT, HE WANTS TO PRESS CRIMINAL CHARGES AGAINST CAROLYN TIBURZI FOR THE THEFT OF THIS MONEY. ALL OTHER BOARD MEMBERS GAVE NOTARIZED STATEMENTS CONFIRMING THEY DID GIVE TIBURZI AUTHORIZATION TO TAKE THE MONEY.
 BASED ON EXISTING PROBABLE CAUSE, I RESPECTFULLY REQUEST AN ARREST WARRANT BE ISSUED CHARGING CAROLYN TIBURZI WITH GRAND THEFT.

ADMINISTRATIVE STATE OF FLORIDA COUNTY OF PALM BEACH **DET M. STONE**
 (Signature of Arresting Investigative Officer)
 The foregoing instrument was sworn to or affirmed and subscribed before me this **6** day of **APRIL** 20 **18** by **DET M. STONE 6456**
 (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10) **3465**