


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 003 ****70.00

DOCUMENT # N95000002082 1. Entity Name FIVE STAR MAGNET PROGRAM, INC.					
Principal Place of Business 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410			Mailing Address 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0615755	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FALK, ARTY 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AMIDON, ROGER <input type="checkbox"/> Delete 4245 HOLLY DRIVE PALM BCH GARDENS, FL 33410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, JOE <input type="checkbox"/> Delete 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWATER, JEFF <input type="checkbox"/> Delete 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBACHER, CASEY <input type="checkbox"/> Delete 3970 RCA BLVD. #7010 PALM BEACH GARDENS, FL 33410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEIP, ROBERT <input type="checkbox"/> Delete 8158 NATIVE BANEER E. PALM BEACH GARDENS, FL 33418			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERMADENI, DAVID <input type="checkbox"/> Delete 1392 N KILLIAN DIRVE WEST PALM BEACH, FL 33403			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # 316106	