

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702364

Entity Name: 455 AUSTRALIAN AVENUE CORP.

Current Principal Place of Business:

455 AUSTRALIAN AVENUE
PALM BEACH, FL 33480

Current Mailing Address:

455 AUSTRALIAN AVE.
PALM BEACH, FL 33480 US

FEI Number: 59-0877051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, CARALYN P
455 AUSTRALIAN AVE.
PALM BEACH, FL 33480 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 S
Name KENNEDY, ELEANORA
Address 455 AUSTRALIAN AVE
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT
Name MILLER, COURTLANDT
Address 455 AUSTRALIAN AVE.
#4B
City-State-Zip: PALM BEACH FL 33480

Title AS
Name ROBINSON, CARALYN P
Address 455 AUSTRALIAN AVE.
City-State-Zip: PALM BEACH FL 33480

Title VP
Name ALLEGAERT, LYNN
Address 455 AUSTRALIAN AVENUE
City-State-Zip: PALM BEACH FL 33480

Title TREASURER
Name WILLIS, F. GORDON
Address 455 AUSTRALIAN AVENUE
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name BOWERS, JIM
Address 455 AUSTRALIAN AVENUE
City-State-Zip: PALM BEACH FL 33480

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: CARALYN PAIGE ROBINSON

ASSISTANT SECRETARY 09/07/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date