## 2024 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

**FILED** Apr 04, 2024

**Secretary of State** 

3281503986CC

Officer/Director Detail:

Title Title **PRESIDENT** 

KENNEDY, ELEANORA Name Name MILLER, COURTLANDT Address 455 AUSTRALIAN AVE Address 455 AUSTRALIAN AVE.

PALM BEACH FL 33480 City-State-Zip: City-State-Zip: PALM BEACH FL 33480

Title AS

Title ROBINSON, CARALYN P Name

Name ALLEGAERT, LYNN Address 455 AUSTRALIAN AVE.

455 AUSTRALIAN AVENUE Address City-State-Zip: PALM BEACH FL 33480

City-State-Zip: PALM BEACH FL 33480

Title **TREASURER** 

Title **DIRECTOR** WILLIS, F. GORDON Name Name BOWERS, JIM

Address 455 AUSTRALIAN AVENUE Address 455 AUSTRALIAN AVENUE City-State-Zip: PALM BEACH FL 33480 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

ASST. SECRETARY

04/04/2024