

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702364

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC3396885919**

**Entity Name:** 455 AUSTRALIAN AVENUE CORP.

**Current Principal Place of Business:**

455 AUSTRALIAN AVE.  
PALM BEACH, FL 33480

**Current Mailing Address:**

455 AUSTRALIAN AVE.  
PALM BEACH, FL 33480

**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 P.  
Name KEEFE, DENNIS  
Address 455 AUSTRALIAN AVE  
#4A  
City-State-Zip: PALM BEACH FL 33480

Title S  
Name FREDRICKS, JOAN  
Address 455 AUSTRALIAN AVE  
City-State-Zip: PALM BEACH FL 33480

Title TREASURER  
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 OXNAM, JAMES  
Address 455 AUSTRALIAN AVENUE  
#3D  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name ALLEGAERT, LYNN  
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 ROBINSON

AS

03/28/2018

Electronic Signature of Signing Officer/Director Detail

Date