

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702364

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC5988492314**

**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	VP	Title	P.
Name	MAJOR, ELEANOR	Name	KIBORT, CHARLES AJR
Address	455 AUSTRALIAN AVE.	Address	455 AUSTRALIAN AVE
City-State-Zip:	PALM BCH. FL 33480	City-State-Zip:	PALM BEACH FL 33480
Title	T	Title	S
Name	STIBOLT, CARL	Name	FREDRICKS, JOAN
Address	455 AUSTRALIAN AVE	Address	455 AUSTRALIAN AVE
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480
Title	D	Title	AS
Name	MILLER, GINA	Name	ROBINSON, CARALYN P
Address	455 AUSTRALIAN AVE.	Address	455 AUSTRALIAN AVE.
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 P. ROBINSON

**ASSISTANT SECRETARY** 04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date