

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008758

**Entity Name:** THE 455 WORTH AVENUE CORP.

**Current Principal Place of Business:**

455 WORTH AVENUE  
PALM BEACH, FL 33480

**Current Mailing Address:**

455 WORTH AVENUE  
PALM BEACH, FL 33480

**FEI Number:** 59-0897269

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBINSON, CARALYN P  
455 WORTH AVENUE  
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 DIRECTOR  
Name LYONS, JED  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title AS  
Name ROBINSON, CARALYN P  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name CAPSTICK, JOHN  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title VP  
Name FAY, CLAUDIA  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name POEKEL, CHARLES  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH 33480

Title PRESIDENT  
Name BUCHANAN, JOHN  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH 33480

Title TREASURER  
Name DELAHANTY, KEVIN  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name VAN BUREN, MARCIA  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

**Continues on page 2**

*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

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WALSH, MICHAEL  
Address        455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480