

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

DOCUMENT# N09000008758

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC5164280001**

**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 PD  
Name KIBORT, CHARLES JR  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title SD  
Name WATTS, SUSAN  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

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

Title D  
Name SAMMONS, RICHARD  
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 TD  
Name WALLACH, FRED  
Address 455 WORTH AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name FAY, CLAUDIA  
Address 455 WORTH 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 P. ROBINSON

**ASSISTANT SECRETARY** 04/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date