

2016 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	VP
Name	LYONS, JED
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	PRESIDENT
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 ROBINSON**ASSISTANT SECRETARY** 03/08/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date