

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002082

Entity Name: FIVE STAR MAGNET PROGRAM, INC.**Current Principal Place of Business:**4245 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4245 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410**FEI Number:** 65-0615755**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FALK, ARTY
4245 HOLLY DR
PALM BEACH GARDENS, FL 33410 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	CHAIRMAN
Name	WARD, JAMES
Address	4245 HOLLY DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	T
Name	RUBINS, JONATHAN
Address	4245 HOLLY DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	FALK, ARTY
Address	4245 HOLLY DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VC
Name	VARONA, ANDRE
Address	4245 HOLLY DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	RENOIR, WELSONNE
Address	4245 HOLLY DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: ARTY FALK**EXECUTIVE DIRECTOR****02/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date