

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165196

Entity Name: SEA FORCE IX OF PALM BEACH CHARTER COMPANY, INC.**Current Principal Place of Business:**500 NORTH HURSTBOURNE PARKWAY
SUITE 400
LOUISVILLE, KY 40222**Current Mailing Address:**500 NORTH HURSTBOURNE PARKWAY
SUITE 400
LOUISVILLE, KY 40222 US**FEI Number:** 20-3975126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 & DIRECTOR

Name NICHOLS, J D

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title PRESIDENT & DIRECTOR

Name LAVIN, BRIAN F

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title EXECUTIVE VICE PRESIDENT

Name WELLS, GREGORY A

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & TREASURER

Name PITCHFORD, DAVID B

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & SECRETARY

Name TAFEL, ROSANN D

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSANN D TAFEL**SECRETARY****04/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date