

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165201

**Entity Name:** SEA FORCE IX OF PALM BEACH, INC.**Current Principal Place of Business:**1605 LANDS END ROAD  
MANALAPAN, FL 33462**Current Mailing Address:**600 N HURSTBOURNE PARKWAY SUITE 300  
LOUISVILLE, KY 40222 US**FEI Number:** 20-3992575**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	DC
Name	NICHOLS, J D
Address	600 N HURSTBOURNE PARKWAY SUITE 300
City-State-Zip:	LOUISVILLE KY 40222

Title	DP
Name	LAVIN, BRIAN F
Address	600 N HURSTBOURNE PARKWAY SUITE 300
City-State-Zip:	LOUISVILLE KY 40222

Title	EVP
Name	WELLS, GREGORY A
Address	600 N HURSTBOURNE PARKWAY SUITE 300
City-State-Zip:	LOUISVILLE KY 40222

Title	VP, TREASURER
Name	PITCHFORD, DAVID B
Address	600 N HURSTBOURNE PARKWAY SUITE 300
City-State-Zip:	LOUISVILLE KY 40222

Title	VP, SECRETARY
Name	TAFEL, ROSANN D
Address	600 N HURSTBOURNE PARKWAY SUITE 300
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****05/28/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date