

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000076246

**Entity Name:** SOUTH HOUSE OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

170 KINNELON ROAD  
SUITE 24  
KINNELON, NJ 07405

**Current Mailing Address:**

170 KINNELON ROAD  
SUITE 24  
KINNELON, NJ 07405

**FEI Number:** 65-0802008

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RYAN, JAMES D  
631 U.S. HIGHWAY ONE  
SUITE 100  
NORTH PALM BEACH, FL 33408 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            PRES  
Name            MOONEY, JOANNE  
Address        23 SPICE BUSH ROAD  
City-State-Zip: KINNELON NJ 07405

Title            SECY  
Name            MORRIS, LYNN  
Address        5 SUGAR HILL ROAD  
City-State-Zip: KINNELON NJ 07405

Title            VP  
Name            HOWARTH, PAMELA  
Address        14 SUGAR HILL ROAD  
City-State-Zip: KINNELON NJ 07405

Title            TREA  
Name            KRIPPNER, VANESSA  
Address        434 PEPPERIDGE TREE LANE  
City-State-Zip: KINNELON NJ 07405

*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:** JOANNE MOONEY

**PRESIDENT**

**04/05/2013**

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

\_\_\_\_\_  
Date