

# 2008 NOT-FOR-PROFIT CORPORATIO ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 702364**

1. Entity Name  
455 AUSTRALIAN AVENUE CORP.



Principal Place of Business  
455 AUSTRALIAN AVE.  
PALM BEACH, FL 33480

Mailing Address  
455 AUSTRALIAN AVE.  
PALM BEACH, FL 33480



01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0877051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

ROBINSON, CARALYN P  
455 AUSTRALIAN AVE.  
PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000791523  
01/23/08-80078-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MURRAY, W. STEPHEN 455 AUSTRALIAN AVE. PALM BCH., FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIBORT, CHARLES A JR 455 AUSTRALIAN AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHEERAN, JAMES 455 AUSTRALIAN AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREDRICKS, JOAN 455 AUSTRALIAN AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, GINA 455 AUSTRALIAN AVE. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ROBINSON, CARALYN P 455 AUSTRALIAN AVE. PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Caralyn P. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.12.08 561655-8013  
Date Daytime Phone #