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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:23

DOCUMENT # 745192 (5)

1. Corporation Name

SUNFEST OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
328 FERN STREET 302 W. PALM BCH. FL 33401	P.O. BOX 279 W. PALM BCH FL 33402-0279

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1978	3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1864355	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MAYANS STEVEN A
C/O MOYLE FLANIGAN KATZ FITZGERALD SHEEHAN
625 NORTH FLAGLER DR 9TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	D ☑ Change ☐ Addition
NAME	BROWER, KENNETH	1 2 NAME	
STREET ADDRESS	1100 SOUTH LAKESIDE DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	PD ☑ Change ☐ Addition
NAME	BURNS, THOMAS G	2 2 NAME	
STREET ADDRESS	777 S FLAGLER DR #1200N	2 3 STREET ADDRESS	941 Clint Moore Rd
CITY-ST-ZIP	W. PALM BCH FL	2 4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	SD	3 1 TITLE	VD ☑ Change ☐ Addition
NAME	KETTNER KEN	3 2 NAME	
STREET ADDRESS	1610 WILDERNESS ROAD	3 3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL 33409	3 4 CITY-ST-ZIP	
TITLE	VD	4 1 TITLE	SD ☑ Change ☐ Addition
NAME	BROADWAY, ROBERT L.	4 2 NAME	
STREET ADDRESS	4601 N. CONGRESS AVE 201	4 3 STREET ADDRESS	1852 Emilio Lane
CITY-ST-ZIP	W PALM BCH FL	4 4 CITY-ST-ZIP	WPB FL 33406
TITLE	TD	5 1 TITLE	☑ Change ☐ Addition
NAME	MARKS, BENNETT	5 2 NAME	
STREET ADDRESS	8 ELTON PLACE	5 3 STREET ADDRESS	4744 NW 100th Terrace
CITY-ST-ZIP	BOYNTON BEACH FL	5 4 CITY-ST-ZIP	Coral Springs FL 33076
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	TWYFORD, SUE	6 2 NAME	
STREET ADDRESS	P.O. BOX 279 N/A	6 3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: by Sue A Twyford Exec Director 1/26/95 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

707 837-8060

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