

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745192 (5)

1. Corporation Name:

SUNFEST OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

326 FERN STREET 302  
W. PALM BCH. FL 33401P.O. BOX 279  
W. PALM BCH FL 33402-02793. Date Incorporated or Qualified  
12/12/19783a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-1864355Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

MAYANS STEVEN A  
C/O MOYLE FLANIGAN KATZ FITZGERALD SHEEHAN  
625 NORTH FLAGLER DR 9TH FLOOR  
WEST PALM BEACH FL 3340181 Name Mayans, Steven A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
40 Fitzgerald, Hawkins, Mayans & Cook, P.A.  
83 515 North Flagler Dr, Suite 900  
84 City West Palm Beach FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 VD ☐ DELETE  
NAME BRONSTEIN, JIM  
STREET ADDRESS 12891 MARSH POINTE WAY  
CITY-ST-ZIP PALM BEACH GARDENS FLTITLE PD ☒ DELETE  
NAME BURNS, THOMAS G  
STREET ADDRESS 941 CLINT MOORE ROAD  
CITY-ST-ZIP BOCA RATON FLTITLE VD ☐ DELETE  
NAME KETTNER KEN  
STREET ADDRESS 1610 WILDERNESS ROAD  
CITY-ST-ZIP W. PALM BCH FLTITLE SD ☐ DELETE  
NAME BROADWAY, ROBERT L.  
STREET ADDRESS 1852 EMILIO LANE  
CITY-ST-ZIP W PALM BCH FLTITLE TD ☒ DELETE  
NAME MARKS, BENNETT  
STREET ADDRESS 4744 NW 100 TERRACE  
CITY-ST-ZIP CORAL SPRINGS FLTITLE D ☒ DELETE  
NAME TWYFORD, SUE  
STREET ADDRESS P.O. BOX 279 N/A  
CITY-ST-ZIP WEST PALM BEACH FL 334021.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE SD ☐ Change ☒ Addition  
2.2 NAME Mathis, Donald B.  
2.3 STREET ADDRESS 146 Thornton Dr  
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 334183.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME Kettner, Kenneth B.  
3.3 STREET ADDRESS 1019 Bedford Ave.  
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 334034.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Broadway, Robert L.  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE TD ☐ Change ☒ Addition  
5.2 NAME O'Connor, Mark  
5.3 STREET ADDRESS 1585 S.W. Kosnar Ave.  
5.4 CITY-ST-ZIP Port St. Lucie, FL 349536.1 TITLE MD ☐ Change ☒ Addition  
6.2 NAME Jamieson, Paul  
6.3 STREET ADDRESS 6720 N.W. 25 Way  
6.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul Jamieson*  
Signature and typed or printed name of signing officer or director  
1/3/97

Daytime Phone # 0039813

CR2E037 (9/96)