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FILED  
May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745192** (5)

1. Corporation Name

**SUNFEST OF PALM BEACH COUNTY, INC.**



Principal Place of Business <b>326 FERN STREET 302 W. PALM BCH. FL 33401</b>	Mailing Address <b>P.O. BOX 279 W. PALM BCH FL 33402-0279</b>
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3. Date Incorporated or Qualified

**12/12/1978**

4. FEI Number

**59-1864355**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
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**21 525 Clematis St.**

Suite, Apt. #, etc.

**26**

City & State

**23 West Palm Beach, FL**

Zip

**24 33401**

Country

**25 Palm Beach**

Zip

**29**

9. Name and Address of Current Registered Agent

**MAYANS, STEVEN A  
C/O FITZGERALD HAWKINS MAYANS & COOK, PA  
515 NORTH FLAGLER DR SUITE 900  
WEST PALM BEACH FL 33401**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.0502 and 617.1506, 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

TITLE **VD** ☐ DELETE

NAME **BRONSTEIN, JIM**  
STREET ADDRESS **12891 MARSH POINTE WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **SD** ☐ DELETE

NAME **MATHIS, DONALD B**  
STREET ADDRESS **146 THORNTON DR**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **PD** ☒ DELETE

NAME **KETTNER, KENNETH B**  
STREET ADDRESS **1019 BEDFORD AVE**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **D** ☒ DELETE

NAME **BROADWAY, ROBERT L**  
STREET ADDRESS **1852 EMILIO LANE**  
CITY-ST-ZIP **W PALM BCH FL**

TITLE **TD** ☐ DELETE

NAME **O'CONNOR, MARK**  
STREET ADDRESS **1585 SW KOSNAR AVE**  
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **MD** ☐ DELETE

NAME **JAMIESON, PAUL**  
STREET ADDRESS **6720 NW 25TH WAY**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary/Director** ☒ Change ☐ Addition

1.2 NAME **Bronstien, Jim**  
1.3 STREET ADDRESS **12891 Marsh Pointe Way**  
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

2.1 TITLE **President/Director** ☒ Change ☐ Addition

2.2 NAME **Donald B. Mathis**  
2.3 STREET ADDRESS **146 Thornton Drive**  
2.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

3.1 TITLE **Vice President/Director** ☐ Change ☒ Addition

3.2 NAME **Barbara S. Noble**  
3.3 STREET ADDRESS **1713 Flagler Manor Circle**  
3.4 CITY-ST-ZIP **West Palm Beach, FL 33411**

4.1 TITLE **Vice President/Director** ☐ Change ☒ Addition

4.2 NAME **Michael Brady**  
4.3 STREET ADDRESS **2708 Vandiver #202**  
4.4 CITY-ST-ZIP **West Palm Beach, FL 33409**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 **Paul Jamieson** 4/22/98 561-1650-5920

CR2E037 (10/97)