


FILE NOW: FILING FEE IS \$61.25

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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90031 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745192					
1. Corporation Name SUNFEST OF PALM BEACH COUNTY, INC.					
Principal Place of Business 525 CLEMATIS STREET WEST PALM BEACH FL 33401 US			Mailing Address P.O. BOX 279 525 Clematis St W. PALM BCH FL 33402-0279 33401		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/12/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1864355	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAYANS, STEVEN A C/O FITZGERALD HAWKINS MAYANS & COOK, PA 515 NORTH FLAGLER DR SUITE 900 WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SD				President / Director			
STREET ADDRESS BRONSTEN, JIM				Bronsten, Jim			
CITY-ST-ZIP 12891 MARSH POINTE WAY				1.2 NAME			
PALM BEACH GARDENS FL 33418				1.3 STREET ADDRESS 12891 Marsh Pointe Way			
				1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PD				2.2 NAME			
STREET ADDRESS MATHIS, DONALD B				2.3 STREET ADDRESS			
CITY-ST-ZIP 146 THORNTON DR				2.4 CITY-ST-ZIP			
PALM BEACH GARDENS FL 33418							
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VPD				3.2 NAME			
STREET ADDRESS NOBLE, BARBARA S				3.3 STREET ADDRESS			
CITY-ST-ZIP 1713 FLAGLER MANOR CIRCLE				3.4 CITY-ST-ZIP			
WEST PALM BEACH FL 33411							
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VPD				Secretary / Director			
STREET ADDRESS BRADY, MICHAEL				Brady, Michael			
CITY-ST-ZIP 2708 VANDIVER, #2C				4.2 NAME			
WEST PALM BEACH FL 33409				4.3 STREET ADDRESS 2708 Vandiver, #2C			
				4.4 CITY-ST-ZIP West Palm Beach, FL 33409			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TD				Treasurer / Director			
STREET ADDRESS O'CONNOR, MARK				Frost, Jonathan			
CITY-ST-ZIP 1585 SW KOSNAR AVE				5.2 NAME			
PORT ST LUCIE FL				5.3 STREET ADDRESS 2822 Muskegon Way			
				5.4 CITY-ST-ZIP West Palm Beach, FL 33411			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MD				6.2 NAME			
STREET ADDRESS JAMIESON, PAUL				6.3 STREET ADDRESS			
CITY-ST-ZIP 6720 NW 25TH WAY				6.4 CITY-ST-ZIP			
FORT LAUDERDALE FL							

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99

561-659-5980

CR2E037 (1/198)