

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745192

FILED  
Mar 31, 2005  
Secretary of State

Entity Name: SUNFEST OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

525 CLEMATIS STREET  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

525 CLEMATIS STREET  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 59-1864355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: FAGAN, GREGORY  
Address: 170 LOST BRIDGE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PPD ( ) Delete  
Name: SARTORY-LINK, WENDY  
Address: 5222 DESERT VIXEN  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MD ( ) Delete  
Name: JAMIESON, PAUL  
Address: 6720 NW 25TH WAY  
City-St-Zip: FORT LAUDERDALE, FL

Title: TD ( ) Delete  
Name: VIROSTEK, GWYNN  
Address: 3830 NE 24TH AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: PD ( ) Delete  
Name: JONETHIS, TERRY  
Address: 1019 SHADY LAKES CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FAGAN, GREGORY  
Address: 170 LOST BRIDGE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PPD (X) Change ( ) Addition  
Name: JONETHIS, TERRY  
Address: 1019 SHADY LAKES CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: EVANS, LEANNE  
Address: 170 LOST BRIDGE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: PED (X) Change ( ) Addition  
Name: CIKLIN, CORY J  
Address: 117 OLYMPUS WAY  
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL JAMIESON

MD

03/31/2005

Electronic Signature of Signing Officer or Director

Date