

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745192

FILED  
Apr 29, 2010  
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: PD  
Name: NIEMAN, DENISE  
Address: 111 E. TARPON LANE  
City-St-Zip: JUPITER, FL 33477

Title: PPD  
Name: EVANS, LEANNE  
Address: 213 COLUMBIA DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: MD  
Name: JAMIESON, PAUL  
Address: 214 NOTTINGHAM BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD  
Name: FRIEDLY, GARY P  
Address: 1905 S. OLIVE AVE.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PED  
Name: WEEKS, MICHAEL  
Address: 322 35TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SEC  
Name: JONETHIS, CHRISTINE  
Address: 1019 SHADY LAKES CIR.  
City-St-Zip: PALM BEACH, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: PAUL JAMIESON

MD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date