


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 008 ****70.00

DOCUMENT # N95000002082 1. Entity Name FIVE STAR MAGNET PROGRAM, INC.						
Principal Place of Business 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410				Mailing Address 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0615755		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FALK, ARTY 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.				Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C AMIDON, ROGER 4245 HOLLY DRIVE PALM BCH GARDENS, FL 33410 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSO, JOE 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Kathy Foster 5601 Corporate Way, #400 West Palm Beach, FL 33407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATWATER, JEFF 4245 HOLLY DRIVE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Reg Miller 8858 Marlamore Lane West Palm Beach, FL 33412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINBACHER, CASEY 3970 RCA BLVD. #7010 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Mollie Rhodes 1016 N. Dixie Hwy West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNEIP, ROBERT 8158 NATIVE BANEER E. PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Jennifer Holdt 4404 Burns Rd Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERMADENI, DAVID 1392 N KILLIAN DIRVE WEST PALM BEACH, FL 33403 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D David Semadeni Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (correct name)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____ 4/16/07 5616447388 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						