

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002082

FILED
Aug 24, 2009
Secretary of State

Entity Name: FIVE STAR MAGNET PROGRAM, INC.

Current Principal Place of Business:

4245 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4245 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0615755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PENCE, AVA
4245 HOLLY DR
PALM BEACH GARDENS, FL 33410 US

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: P () Delete
Name: MILLER, REG
Address: 8858 MARLAMOR
City-St-Zip: WEST PALM BEACH, FL 33412

Title: V () Delete
Name: RHODES, MOLLIE
Address: 1016 N. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: TUZZRO, JOE
Address: 316 NORTHLAKE BLVD.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: VARONE, ANDRE
Address: 800 N US HWY 1
City-St-Zip: JUPITER, FL 33477

Title: D (X) Delete
Name: SEMADENI, DAVID
Address: 1392 N KILLIAN DIRVE
City-St-Zip: WEST PALM BEACH, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, REG
Address: 8858 MARLAMOR
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: D (X) Change () Addition
Name: SEMADENI, DAVID
Address: 1392 N KILLIAN DIRVE
City-St-Zip: LAKE PARK, FL 33403

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

Title: P (X) Change () Addition
Name: VARONE, ANDRE
Address: 800 N US HWY 1
City-St-Zip: JUPITER, FL 33477

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AVA PENCE

A

08/24/2009

Electronic Signature of Signing Officer or Director

Date