2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80135

Entity Name: CALER, DONTEN, LEVINE, COHEN, PORTER & VEIL, P.A.

FILED
Apr 28, 2016
Secretary of State
CC4298782928

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE SUITE 900

WEST PALM BEACH, FL 33401

Current Mailing Address:

505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 US

FEI Number: 59-2831281 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALER, WILLIAM K JR. 505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 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: WILLIAM K CALER JR.

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleVP, DIRECTORTitleVP, DIRECTORNameDONTEN, DAVID SNameLEVINE, JOEL H

Address 2334 PALM HARBOUR DR Address 2050 SUNDERLAND AVENUE City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: WELLINGTON FL 33414

Title VP, DIRECTOR Title VP, DIRECTOR

Name VEIL, MARK D Name PORTER, SCOTT L

Address 107 WOODSMUIR COURT Address 14211 LITTLE CYPRESS CIRCLE

City-State-Zip: PALM BCH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY, DIRECTOR Title PRESIDENT, DIRECTOR
Name CALER, WILLIAM K JR. Name COHEN, LOUIS M

Address 234 DYER RD Address 732 SANDY POINT LANE

City-State-Zip: WEST PALM BEACH FL 33405 City-State-Zip: PALM BEACH GARDENS FL 33410

Title TREASURER Title VF

Name MULLEN, JAMES F IV Name PENCE, THOMAS A

Address 2904 NORTH MILLER DRIVE Address 7535 SE FOREST OAK LANE
City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: HOBE SOUND FL 33455

Continues on page 2

SIGNATURE: JAMES F. MULLEN IV

TREASURER 04/28/2016

04/28/2016

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Officer/Director Detail Continued:

VΡ Title Title VP

COURTNEY, JOHN C Name Name HUTCHISON, JAMES B

Address 505 SOUTH FLAGLER DR, SUITE 900 Address 625 PILOT ROAD

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: WEST PALM BEACH FL 33401

Title VΡ

Name NALEZYTY, MICHAEL J 800 JEFFREY STREET Address

#111

City-State-Zip: BOCA RATON FL 33487