


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744510</b> 1. Entity Name THE HASEY FOUNDATION, INC.	
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Principal Place of Business  
1877 S FEDERAL HWY  
SUITE 202  
BOCA RATON, FL 33432

Mailing Address  
1877 S FEDERAL HWY  
SUITE 202  
BOCA RATON, FL 33432



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1851950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HASEY, REGINA M  
1877 S FEDERAL HWY SUITE 202  
BOCA RATON, FL 33432

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IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000592011  
01/19/07-80046-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HASEY, REGINA M.
STREET ADDRESS	200 COMPASS DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	HASEY, MARTIN J.
STREET ADDRESS	42 N SWINTON AVE, STE 2
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VD
NAME	SEYDEL, CATHERINE L
STREET ADDRESS	4074 WINTERSET LANE
CITY-ST-ZIP	WEST BLOOMFIELD, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 reports 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:**  **1/8/07** **5613685521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #