

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005401

FILED  
Mar 04, 2011  
Secretary of State

**Entity Name:** THE SEXAUER FOUNDATION, INC.

**Current Principal Place of Business:**

177 US HIGHWAY 1  
#182  
TEQUESTA, FL 334692737

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WESLEY G. CAWLEY  
738 SW BALMORAL TRACE  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 13-6156256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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: TD  
Name: ABBAMONT, THOMAS J  
Address: 300 HAMILTON AVENUE, #410  
City-St-Zip: WHITE PLAINS, NY 10601 US

Title: VSD  
Name: CAWLEY, WESLEY G  
Address: 738 SW BALMORAL TRACE  
City-St-Zip: STUART, FL 34997 US

Title: PD  
Name: HOFFMAN, EILEEN  
Address: 405 EAST 14TH STREET, #5-H  
City-St-Zip: NEW YORK, NY 10009 US

Title: D  
Name: SILVA, GIL V  
Address: 71 BROOK HILLS CIRCLE  
City-St-Zip: WHITE PLAINS, NY 10605 US

Title: D  
Name: WALSH, JAMES R  
Address: 3 GORHAM AVENUE  
City-St-Zip: WESTPORT, CT 06880 US

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: EILEEN HOFFMAN

PD

03/04/2011

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

\_\_\_\_\_  
Date