

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18480

FILED  
Jul 19, 2006  
Secretary of State

**Entity Name:** HAROLD E. SIMON CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

8280 MUIRHEAD CIRCLE  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

12924 CORAL LAKES DRIVE  
BOYNTON BEACH, FL 33437 US

**Current Mailing Address:**

8280 MUIRHEAD CIRCLE  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

8925 SW 148 STREET  
SUITE 218  
MIAMI, FL 33176 US

**FEI Number:** 59-2747958 **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:**

HAROLD E. SIMON  
8280 MUIRHEAD CIRCLE  
BOYNTON BEACH, FL 33437 US

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

HAROLD E. SIMON  
12924 CORAL LAKES DRIVE  
BOYNTON BEACH, FL 33437 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: HAROLD E SIMON

07/19/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SIMON, HAROLD E  
Address: 8280 MUIRHEAD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL

Title: VSD ( ) Delete  
Name: SIMON, DAVID F  
Address: 8280 MUIRHEAD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL

Title: D ( ) Delete  
Name: DE SARRO, JENNIFER  
Address: 4970 SEREZEN DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: SIMON, HAROLD E  
Address: 12924 CORAL LAKES DRIVE  
City-St-Zip: BOYNTON BEACH, FL

Title: VSD (X) Change ( ) Addition  
Name: SIMON, DAVID F  
Address: 8925 SW 148 ST, SUITE 218  
City-St-Zip: MIAMI, FL 33176

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD E SIMON

PTD

07/19/2006

Electronic Signature of Signing Officer or Director

Date