## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001996

Entity Name: THE SONTAG FOUNDATION, INC.

**Current Principal Place of Business:** 

816 A1A NORTH, SUITE 201

PONTE VEDRA BEACH, FL 32082

# **Current Mailing Address:**

816 A1A NORTH SUITE 201

PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3634325 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SONTAG, FREDERICK B 816 A1A NORTH SUITE 201

PONTE VEDRA BEACH, FL 32082 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

FILED Mar 09. 2018

**Secretary of State** 

CC6436523916

#### Officer/Director Detail:

Title D Title D

NameSONTAG, FREDERICK BNameSONTAG, FREDERICK TAddress816 A1A NORTH, SUITE 201Address816 A1A NORTH, SUITE 201

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D Title D

Name HUDGINS, JEFFERY Name RYAN, DANIEL M

Address 816 A1A NORTH, SUITE 201 Address 816 A1A NORTH, SUITE 201

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR Title DIRECTOR

Name HUDGINS, CINDY Name MOTTIER, BRADLEY

Address 816 A1A NORTH Address 816 A1A NORTH

SUITE 201 SUITE 201

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR Title DIRECTOR

Name CONWAY, GRANT Name BERNARDO, JEFFREY E.

Address 816 A1A NORTH Address 816 A1A NORTH,

SUITE 201 SUITE 201

City-State-Zip: PONTE VEDRA BEACH FL 32082 City-State-Zip: PONTE VEDRA BEACH FL 32082

# Continues on page 2

SIGNATURE: FREDERICK B. SONTAG

DIRECTOR

03/09/2018

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.

# Officer/Director Detail Continued:

Title DIRECTOR

Name LEVINSON, JENNIFER

816 A1A NORTH, SUITE 201 Address

City-State-Zip: PONTE VEDRA BEACH FL 32082