

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000389

**Entity Name:** OLD PALM FOUNDATION, INC.

**Current Principal Place of Business:**

11889 OLD PALM DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
103  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 72-1552883

**Certificate of Status Desired:** No

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

UNITED COMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 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

**Officer/Director Detail :**

Title D  
Name AUERBACH, MARK  
Address 11746 BELLA DONNA CT  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title P  
Name SNAVELY, LESLIE  
Address 11784 WEST SAMPLE ROAD #103  
City-State-Zip: CORAL SPRINGS FL 33065

Title VPT  
Name WALKER, GARY  
Address 11784 WEST SAMPLE ROAD #103  
City-State-Zip: CORAL SPRINGS FL 33065

Title S  
Name BRIGHT, TIMOTHY  
Address 11784 WEST SAMPLE ROAD  
103  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** LESLIE SNAVELY

P

01/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date