2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000389

Entity Name: OLD PALM FOUNDATION, INC.

Current Principal Place of Business:

11784 W. SAMPLE ROAD

103

CORAL SPRINGS, FL 33065

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 W. SAMPLE ROAD

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: RENEE CAMPBELL 04/23/2019

Electronic Signature of Registered Agent Date

103

Officer/Director Detail:

Title DIRECTOR Title TREASURER

Name BROWN, LARRY Name BRASON, DAVID

Address 11784 W. SAMPLE ROAD Address 11784 W. SAMPLE ROAD

11784 W. SAMPLE ROAD Address 1

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title PRESIDENT Title SECRETARY

Name LORENZ, MICHAEL Name CORRIGAN, HAROLD

Address 11784 W. SAMPLE ROAD Address 11784 W. SAMPLE ROAD

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR Title DIRECTOR

Name MALLEMENT, HARVEY Name RILEY, PATRICK

Address 11784 W. SAMPLE ROAD Address 11784 W. SAMPLE ROAD

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title VP

Name THOMPSON, JAY

103

Address 11784 W. 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: BROWN, LARRY DIRECTOR 04/23/2019

FILED Apr 23, 2019

Secretary of State

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