

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007502

**Entity Name:** DLMC FOUNDATION, INC.

**Current Principal Place of Business:**

1845 PLUMBAGO WAY  
NAPLES, FL 34105

**Current Mailing Address:**

C/O CRESCENT GROVE ADVISORS, LLC  
100 FIELD DRIVE SUITE 120  
LAKE FOREST, IL 60045 US

**FEI Number:** 26-0625539

**Certificate of Status Desired:** No

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

SKRIVAN, KENT A  
1110 PINE RIDGE ROAD  
SUITE 300  
NAPLES, FL 34108 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 VP, DIRECTOR  
Name DESIMONE, LISE  
Address 1845 PLUMBAGO WAY  
City-State-Zip: NAPLES FL 34105

Title PRESIDENT, DIRECTOR  
Name DESIMONE, DANIEL  
Address 48 KETTLE COVE ROAD  
City-State-Zip: CAPE ELIZABETH ME 04107

Title VP, DIRECTOR  
Name LANG, LIVIA  
Address 3244 BITTERSWEET LANE  
City-State-Zip: ST. CLOUD MN 56301

Title VP, DIRECTOR  
Name DESIMONE, MARK  
Address 2809 MONTGOMERY AVENUE  
City-State-Zip: DAVIS CA 95618

Title VP, DIRECTOR  
Name NORTH, CYNTHIA  
Address 4650 MEDINA LAKE DRIVE  
City-State-Zip: MEDINA MN 55430

*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:** DANIEL DESIMONE

**PRESIDENT**

**03/17/2017**

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

\_\_\_\_\_  
Date