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.

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:**

PO BOX 14127 NORTH PALM BEACH, FL 33408 US

**Current Principal Place of Business:** 

### FEI Number: 32-0256768

533 NORTHLAKE BLVD

DOCUMENT# N08000007121

NORTH PALM BEACH, FL 33408

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

COHEN, BRYAN S 533 NORTHLAKE BLVD NORTH PALM BEACH, FL 33408 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:

Title	D	Title	D
Name	COHEN, KAREN E	Name	COHEN, RANDI P
Address	11974 S EDGEWATER DRIVE	Address	8718 MAN O WAR ROAD
City-State-Zip:	WEST PALM BEACH FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33418

## Date Electronic Signature of Registered Agent **Officer/Director Detail :**

SIGNATURE: KAREN COHEN OFFICER

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE HAPPY CAMPER FOUNDATION, INC.

FILED Jul 14, 2023 Secretary of State 5717396531CC

Certificate of Status Desired: No

07/14/2023 Date