

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

DOCUMENT# N14000002084

**Entity Name:** AIRCOOLED FOR CHARITY, INC.

**Current Principal Place of Business:**

4420 BEACON CIRCLE, SUITE 100  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4420 BEACON CIRCLE, SUITE 100  
WEST PALM BEACH, FL 33407

**FEI Number: 46-5021303**

**Certificate of Status Desired: No**

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

WARD DAMON BUSINESS SERVICES, LLC  
4420 BEACON CIRCLE, SUITE 100  
WEST PALM BEACH, FL 33407 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 P  
Name POSNER, MICHAEL J  
Address 4420 BEACON CIRCLE, SUITE 100  
City-State-Zip: WEST PALM BEACH FL 33407

Title V  
Name HOPPE, CHUCK  
Address 4420 BEACON CIRCLE, SUITE 100  
City-State-Zip: WEST PALM BEACH FL 33407

Title V  
Name SHANNON, ED  
Address 4420 BEACON CIRCLE, SUITE 100  
City-State-Zip: WEST PALM BEACH FL 33407

Title T  
Name DILL, RODGER  
Address 4420 BEACON CIRCLE, SUITE 100  
City-State-Zip: WEST PALM BEACH FL 33407

Title S  
Name LEASURE, RICK  
Address 4420 BEACON CIRCLE, SUITE 100  
City-State-Zip: WEST PALM BEACH FL 33407

*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: MICHAEL J POSNER**

**MGR**

**01/20/2017**

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

\_\_\_\_\_  
Date