

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006309

**Entity Name:** THE OCTAVE'S FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

14424 SOUTH MILITARY TRAIL  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

14424 SOUTH MILITARY TRAIL  
DELRAY BEACH, FL 33484 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

OCTAVE, VENES  
14424 SOUT MILITARY TRAIL  
DELRAY BEACH, FL 33484 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 OCTAVE, DIEUNEL  
Address 462 KESTOR DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title VP  
Name OCTAVE, VENES  
Address 19622 DINNER KEY DRIVE  
City-State-Zip: BOCA RATON FL 33498

Title S  
Name OCTAVE, FRITZNEL  
Address 2857 CARAMBOLA CIRCLE SOUTH  
City-State-Zip: COCONUT CREEK FL 33066

Title T  
Name OCTAVE, CEREMY  
Address 800 NE 41ST STREET  
City-State-Zip: POMPANO BEACH FL 33064

Title M  
Name ST MARTIN, JEAN RENEL  
Address 731 NW 19TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33311

Title A  
Name OCTAVE, JOSEPH  
Address 5330 NE 10TH AVENUE  
City-State-Zip: POMPNO BEACH FL 33064

*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:** VENES OCTAVE

VP

04/30/2015

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

\_\_\_\_\_  
Date