

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14263

**Entity Name:** HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC6886017671**

**Current Principal Place of Business:**

C/O COLETTE HERMAN  
9566 LANTERN BAY CIRCLE  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

C/O COLETTE HERMAN  
9566 LANTERN BAY CIRCLE  
WEST PALM BEACH, FL 33411 US

**FEI Number: 59-2387747**

**Certificate of Status Desired: No**

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

HERMAN, COLETTE  
9566 LANTERN BAY CIRCLE  
WEST PALM BEACH, FL 33411 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 HERMAN, COLETTE  
Address 9566 LANTERN BAY CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name GASTWIRTH, ESTHER  
Address 223 SOUTHAMPTON B  
City-State-Zip: WEST PALM BEACH FL 33417

Title T  
Name BECKER, FAYE  
Address 7634 NEMEC DR. S.  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name GLEITMAN, JOSEPH  
Address 101 LAKE REBECCA DR  
City-State-Zip: WEST PALM BEACH FL 33411-3372

*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: COLETTE HERMAN**

**PRESIDENT**

**01/27/2013**

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

\_\_\_\_\_  
Date