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.

CPA

nereby certify that the ini	formation indicated	d on this report of	or supplemer	ntal re
ath; that I am an officer of	or director of the co	prporation or the	e receiver or	truste

SIGNATURE: DAVID F. SIMON

Electronic Signature of Signing Officer/Director Detail

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:

HAROLD E. SIMON

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

City-State-Zip: HOLLYWOOD FL 33021

Title	PTD	Title	VSD		
Name	SIMON, HAROLD E	Name	SIMON, DAVID F		
Address	12924 CORAL LAKES DRIVE	Address	8925 SW 148 ST, SUITE 218		
City-State-Zip:	BOYNTON BEACH FL	City-State-Zip:	MIAMI FL 33176		
Title	D				
Name	DE SARRO, JENNIFER				
Address	4970 SEREZEN DRIVE				

12924 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437 US

# **Current Mailing Address:**

8925 SW 148 STREET SUITE 218 MIAMI, FL 33176 US

**Current Principal Place of Business:** 

## FEI Number: 59-2747958

# Name and Address of Current Registered Agent:

12924 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437

### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N18480

Entity Name: HAROLD E. SIMON CHARITABLE FOUNDATION, INC.

FILED Mar 22, 2015 Secretary of State CC4189263563

> 03/22/2015 Date

Certificate of Status Desired: No

Date