

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

DOCUMENT# N97000003330

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC4501561214**

**Entity Name:** CAPE ELEUTHERA FOUNDATION, INC.

**Current Principal Place of Business:**

777 S FLAGLER DR  
STE 500 E  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 6008  
LAWRENCEVILLE, NJ 08648 US

**FEI Number:** 31-1591503

**Certificate of Status Desired:** Yes

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

BEALL, KENNETH JJR  
777 S FLAGLER DR STE 500 E  
WEST PALM BCH, FL 33401 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 S  
Name BEALL, KENNETH SJR  
Address 777 S FLAGLER DR STE 500E  
City-State-Zip: WEST PALM BCH FL 33401

Title D  
Name BENETTI, DANIEL  
Address 4600 RICKENBACKER CAUSEWAY  
City-State-Zip: MIAMI FL 33149

Title CHAIRMAN  
Name PARIZEAU, ERNIE  
Address 68 LINCOLN ROAD  
City-State-Zip: WELLESLEY MA 02481

Title DIRECTOR  
Name WILSON, MARGARET  
Address 615 FALLS ROAD  
City-State-Zip: CHAGRIN FALLS OH 44022

Title DIRECTOR  
Name SIEGEL, WENDY  
Address 631 PARK AVENUE  
City-State-Zip: NEW YORK NY 10021

Title VC  
Name BARNES, MARY KATE  
Address PO BOX 6337  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR  
Name ZWEIG, JOHN  
Address 86 DURAND ROAD  
City-State-Zip: MAPLEWOOD NJ 07040

Title DIRECTOR  
Name KING, ELAINE  
Address 81 FARM STREET  
City-State-Zip: DOVER MA 02030

**Continues on page 2**

*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:** ERNIE PARIZEAU

**CHAIRMAN**

**02/21/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VANACORE, PATRICIA  
Address 42 ST. NICHOLAS ROAD  
City-State-Zip: DARIEN CT 06820

Title DIRECTOR  
Name BUNN, MARGOT  
Address 203 EAST 72ND STREET  
APT 2K  
City-State-Zip: NEW YORK NY 10021

Title DIRECTOR  
Name TAFT, DAVID  
Address 132 FARM STREET  
City-State-Zip: DOVER MA 02030

Title DIRECTOR  
Name MEIJER, PETER JF  
Address 91 HORATIO STREET  
APT 1S  
City-State-Zip: NEW YORK NY 10014

Title DIRECTOR  
Name DEL VECCHIO, NICHOLAS  
Address 2500 WALNUT STREET  
UNIT 103  
City-State-Zip: DENVER CO 80205