

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006678

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC9261397757**

**Entity Name:** SAVASTANO FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O FRANK SAVASTANO  
STUART, FL 34996

**Current Mailing Address:**

19 ISLAND RD  
STUART, FL 34996

**FEI Number:** 65-0962221

**Certificate of Status Desired:** No

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

PRATT, P.A., DAVID  
2255 GLADES ROAD , STE 340 WEST  
BOCA RATON, FL 33431 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 D  
Name SAVASTANO, FRANK  
Address 19 ISLAND RD  
City-State-Zip: STUART FL 34996

Title D  
Name SAVASTANO, MILDRED  
Address 19 ISLAND RD  
City-State-Zip: STUART FL 34996

Title D  
Name SAVASTANO, DAVID  
Address 1145 PINES LAKE DR W  
City-State-Zip: WAYNE NJ 07470

Title D  
Name SAVASTANO, THOMAS  
Address 5 BRADBURY LANE  
City-State-Zip: NEWBURY PORT MA 01950

*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:** FRANK SAVASTANO

**DIRECTOR**

**03/28/2016**

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

\_\_\_\_\_  
Date