


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90080 036 ****61.25

| | |
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| DOCUMENT # 753424 |  |
| 1. Entity Name HARCOURT M. AND VIRGINIA W. SYLVESTER FOUNDATION, INC. | |

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|---|--|
| Principal Place of Business 500 SOUTH OCEAN BLVD PALM BEACH, FL 33480 | Mailing Address C/O FIRST NATIONAL IN PALM BEACH 255 S COUNTY RD PALM BEACH, FL 33480 US |
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|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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|---|--|
| MALFITANO, JAYNE S 2323 ARECA PALM ROAD BOCA RATON, FL 33432 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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|---|------|
| SIGNATURE | DATE |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | |

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|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | D MALFITANO, MARC |
| STREET ADDRESS | 4248 MAKYES ROAD |
| CITY-ST-ZIP | SYRACUSE, NY 13215 |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | D GILPATRICK, NEVIN B |
| STREET ADDRESS | 824 VIA TUSCANA |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | TD LINUS, JAMES J |
| STREET ADDRESS | 1281 BANYAN RD |
| CITY-ST-ZIP | BOCA RATON, FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | PSD MALFITANO, JAYNE |
| STREET ADDRESS | 2323 ARECA PALM RD |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | VD CAMERON, LAURA |
| STREET ADDRESS | 5022 NW 82 TERRACE |
| CITY-ST-ZIP | POMPANO BEACH, FL 33067 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | Cora Springs, FL 33067 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--|---------------|---------------------|
| SIGNATURE: <i>Jayne S Malfitano</i> | 2/1/07 | 561 820 1218 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

40013930



02012007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-2018824 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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