

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90028 032 ****61.25

DOCUMENT # 757418

1. Entity Name

DAMON BENEVOLENT ASSOCIATION, INC.



Principal Place of Business

2110 CHAGAL CIRCLE
WEST PALM BEACH FL 33409

Mailing Address

2110 CHAGAL CIRCLE
WEST PALM BEACH FL 33409



2. Principal Place of Business - No P.O. Box #
1009 GreenPine Blvd

3. Mailing Address
1009 GreenPine Blvd

Suite, Apt. #, etc.

C-1

Suite, Apt. #, etc.

C-1

1st MOORE

CR2E037 (10/07)

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

59-2328233

Applied For

Not Applicable

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, MICHAEL I
2110 CHAGAL CIRCLE
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

JACOBSON, Michael I.

Street Address (P.O. Box Number is Not Acceptable)

1009 GreenPine Blvd C-1

WEST PALM BEACH, Florida

33409

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.

SIGNATURE

[Signature]

3/26/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE STD
NAME JACOBSON, MICHAEL
STREET ADDRESS 2110 CHAGALL CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE VPD
NAME BORG, DAN
STREET ADDRESS 7233 CATANIA DR
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☒ Delete

TITLE PD
NAME FRANKEL, NONOM
STREET ADDRESS 9866 LEMONWOOD WAY
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD
NAME JACOBSON, MICHAEL
STREET ADDRESS 1009 GreenPine Blvd C-1
CITY-ST-ZIP WEST PALM BEACH, FL 33409 ☒ Change ☐ Addition

TITLE VPD
NAME LARRY DUBIN
STREET ADDRESS 9606 ORCHID GROVE TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Change ☒ Addition

TITLE PD
NAME FRANKEL, MORRIS
STREET ADDRESS 9866 LEMONWOOD WAY
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

[Signature] MICHAEL I. JACOBSON

3/26/08

561-997-9900