

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90038 012 ****61.25

DOCUMENT # 759317

1. Entity Name
**FRIENDS OF THE HIGHLAND BEACH TOWN LIBRARY,
INC.**



Principal Place of Business
**3614 SOUTH OCEAN BOULEVARD
HIGHLAND BEACH, FL 33487 US**

Mailing Address
**3614 SOUTH OCEAN BOULEVARD
HIGHLAND BEACH, FL 33487 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2121478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, JOANNE
C/O LIBRARY
3912 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FREEMAN, JOANNE
STREET ADDRESS 3912 S. OCEAN BLVD. APT 1214
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE VP/D ☐ Change ☒ Addition
NAME STRUMWASSER, ALLEN
STREET ADDRESS 4748 S. OCEAN BLVD. # 302
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE D ☒ Delete
NAME BARD, PERRY DR.
STREET ADDRESS 3636 S. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BCH, FL 33487

TITLE D ☐ Change ☒ Addition
NAME GLAZER, JACK
STREET ADDRESS 3450 So. OCEAN BLVD. #504
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE TD ☒ Delete
NAME LIFSHEY, JEAN
STREET ADDRESS 3700 S OCEAN BLVD #1409
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE ☐ Change ☒ Addition
NAME COOPER, EDWINA (Director)
STREET ADDRESS 310 S.OCEAN BLVD. #206
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE PD ☒ Delete
NAME STEIER, ROSALIE
STREET ADDRESS 4600 S. OCEAN BLVD. #203
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE D ☐ Change ☒ Addition
NAME WEINER, MADEE
STREET ADDRESS 4409 INTRACOASTAL DR.
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE D ☐ Delete
NAME BARLOW, MARY
STREET ADDRESS 1084 BEL LIDO DR.
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE TD ☒ Change ☐ Addition
NAME BARLOW MARY
STREET ADDRESS (Same)
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WALDMAN, RUTHIE F
STREET ADDRESS 4740 S. OCEAN BLVD. PH5
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #