

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002926

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** SHELTERING PALMS FOUNDATION, INC.

**Current Principal Place of Business:**

660 LINTON BLVD. STE. 204  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

660 LINTON BLVD. STE. 204  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 75-2715357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CZARNECKI, ANDREA  
660 LINTON BLVD  
SUITE 204  
DELRAY BEACH, FL 33444 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** CDP  
**Name:** POLLY, HARVEY J  
**Address:** 660 LINTON BLVD. STE. 204  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** VCD  
**Name:** POLLY, JEFFREY  
**Address:** 660 LINTON BLVD. STE. 204  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** VP  
**Name:** POLLY, JEFFREY  
**Address:** 660 LINTON BLVD. STE. 204  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** D  
**Name:** POLLY, HARRIETT  
**Address:** 660 LINTON BLVD. STE. 204  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** TD  
**Name:** CZARNECKI, ANDREA  
**Address:** 660 LINTON BLVD. STE. 204  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** S  
**Name:** GIA, JANINE  
**Address:** 660 LINTON BLVD. STE. 204  
**City-St-Zip:** DELRAY BEACH, FL 33444

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:** ANDREA CZARNECKI

TD

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date