## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003559 (2)

JOSEPH D. HARNETT FOUNDATION, CORP.

## **FILED** Feb 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									
4400 PGA BOULEVARD, SUITE 400 4400 PGA BOULEVARD, SUIT					E 400		3. Date Incorporated or Qualified		
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL							08/02/1993		
							4. FEI Number Applied	d For	
							34-1532957 Not Ap	plicable	
2. Principal Pl	lace of Busin	iess	2a. Mailing Address				□ \$9.75 Addit	ional	
21			26				5. Certificate of Status Desired Fee Require	ed	
Suite, Apt. #, etc. Suite, Apt. #, etc.					•		6. Election Campaign Financing \$5.00 May	Ве	
27							Trust Fund Contribution	es .	
City & State	City & State				7. Is this nonprofit corporation a homeowners association?				
23			28				Yes X No		
Zip	Zip Country		Zip Cour		or this ociporation that part the state of				
24	25		29	30	30		Personal Property Tax due June 30.  Yes  No  10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent						81 Name and Address of New Registered Agent			
				[	of Name				
	BECKY B	ARD, SUITE 400		82 Street Add		Street Addr	lress (P.O. Box Number is Not Acceptable)	ļ	
		DENS FL 33410		83					
There be to the district the di					84	City	85 Zip Code	•	
						<u> </u>	FL   89   2p code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.) hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	0.8	OFFICERS AND		13.	Ť		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	D		☐ DELETE	1,1 111	£		Change	Addition	
NAME	HARNETT, JOSEPH D			1.2 NAM	ИE			- 1	
STREET ADDRESS				1.3 ST		ADDRESS			
CITY-ST-ZIP	ZIP NORTH PALM BEACH FL		. 1.4 Ci		Y-\$	IT-ZIP			
TITLE	D		DELETE	DELETE 2.1 TO			Change	Addition	
NAME	HARNETT, NANCY B		2.2 N		ИE				
STREET ADDRESS	11090 T	URTLE BEACH ROAD	AD		2.3 STREET ADDRESS		•	- 1	
CITY-ST-ZiP	1100TH 04114 DELOH EL			2. 4 CD	Y-S	ST- ZIP			
TITLE	D		☐ DELETE	3,1 TITI	E		☐ Change	Addition	
NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3.2 NAM	ИE			1	
STREET ADORESS				3.3 STR	EET	ADDRESS		İ	
CITY-ST-ZIP	ZP PEPPER PIKE OH			3.4. CIT		ST-ZIP		1 4 4 193	
TITLE			☐ DELETE	_			Change	Addition	
NAME	:			4. 2 NAME				1	
STREET ADDRESS	ÆET ADDRESS			4.3 STREET		ADORESS		-	
CITY-ST-ZIP	ıT-ZIP			4.4 CITY-ST-ZIP		T-ZIP		1 1 1 1111	
TITLE			☐ DELETE	5.1 TITLE			Change L	Addition	
NAME -	5,7			5.2 NAM	5.2 NAME				
STREET ADDRESS				5.3 STP	EE1	ADDRESS			
CITY-ST-ZIP				5.4 CIT	Y-\$	T-ZIP			
TITLE			☐ DELETE	6.1 TITL	E		Change	Addition	
NAME				6.2 NAM	ИE				
STREET ADDRESS				6.3 STR	EET	ADDRESS			
CITY-ST-ZIP				6.4 CIT	Y-\$	IT-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: