

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002997**

1. Entity Name  
**RED STICK FOUNDATION, INC.**



Principal Place of Business

**5070 N HWY AIA  
SUITE D  
VERO BEACH, FL 32963**

Mailing Address

**C/O RELATED PROPERTIES  
2 MANHATTANVILLE RD  
PURCHASE, NY 10577**



02162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3659391**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SCHWERIN, WARREN  
5070 N HWY AIA, STE 223D  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SCHWERIN, WARREN  
STREET ADDRESS 5070 N. HWY A1A, STE. 223D  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE VP  
NAME KREITLER, RICHARD  
STREET ADDRESS 255 INDIAN HARBOR RD  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE TS  
NAME WOODRUFF, ANTHONY  
STREET ADDRESS 2855 OCEAN DR  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D  
NAME CALDWELL, WILLIAM W  
STREET ADDRESS 756 BEACHLAND BLVD  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D  
NAME BALDWIN, DAVID  
STREET ADDRESS 1100 BEACH RD  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D  
NAME KANEB, PAUL  
STREET ADDRESS 300 SEA OAK DR  
CITY-ST-ZIP VERO BEACH, FL 32963

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WARREN L. SCHWERIN 2-24-2006**