

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 002 ****61.25

DOCUMENT # N00489

1. Entity Name
THE PETER HALMOS FAMILY FOUNDATION, INC.



Principal Place of Business
**700 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 US**

Mailing Address
**C/O MCGRATH & MEYERS PA
5725 CORPORATE WAY #101
WEST PALM BEACH, FL 33407 US**

50007129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2409780

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

**MEYERS, GAIL C
5725 CORPORATE WAY #101
WEST PALM BEACH, FL 33407**

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 May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HALMOS, PETER A.
5725 CORPORATE WAY
WEST PALM BEACH, FL 33407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,P,S
Halmos, Peter A
5725 Corporate Way #101
WPE, FL 33407** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPSC
HALMOS, PETER A
5125 CORPORATE WAY, #101
WEST PALM BEACH, FL 33401** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEYERS, GAIL C
5725 CORPORATE WAY, #101
WEST PALM BEACH, FL 33407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,T
meyers, Gail C
5725 Corporate Way, #101
West Palm Beach, FL 33407** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HALMOS, NICHOLAS
5725 CORPORATE WAY, #101
WEST PALM BEACH, FL 33407** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HALMOS, VICKI
5725 CORPORATE WAY #101
WEST PALM BEACH, FL 33407** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HALMOS, CLARA
5725 CORPORATE WAY, #101
WEST PALM BEACH, FL 33407** ☐ Delete

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 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:

Gail C Meyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06
Date

561-684-6604
Daytime Phone #