

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

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005367 1. Entity Name LOUIS J. APPIGNANI FOUNDATION, INC.	
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Principal Place of Business 3 GROVE ISLE DRIVE APT. 1409 COCONUT GROVE, FL 33133	Mailing Address 3 GROVE ISLE DRIVE APT. 1409 COCONUT GROVE, FL 33133
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01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124881	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FENNELL, LINDA 2240 WOOLBRIGHT RD STE 300 BOYNTON BEACH, FL 33426
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**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

1000000475392
04/05/06-80013-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APPIGNANI, LOUIS J 3 GROVE ISLE DRIVE APT. 1409 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APPIGNANI, ANDRE LOUIS 3 GROVE ISLE DRIVE APT. 1409 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FENNELL, LINDA 2240 WOOLBRIGHT ROAD SUITE 300 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Louis J. Appignani* **3/15/06** **561-364-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #