

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90026 029 \*\*\*\*61.25

**DOCUMENT # N01000006516**

1. Entity Name

THE HAROLD AND LORI CORRIGAN FOUNDATION, INC.



Principal Place of Business

534 ISLAND DRIVE  
PALM BEACH, FL 33480

Mailing Address

534 ISLAND DRIVE  
PALM BEACH, FL 33480

**50023022**



07102006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2281300 31-1815680**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORRIGAN, LORI  
534 ISLAND DRIVE  
PALM BEACH, FL 33480

**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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORRIGAN, HAROLD F
STREET ADDRESS	534 ISLAND DRIVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	CORRIGAN, JASON T
STREET ADDRESS	6346 DRAKE STREET
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	CORRIGAN, LORI
STREET ADDRESS	534 ISLAND DRIVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	DELANCEY, KIMBERLY T
STREET ADDRESS	230 CENTRAL PARK WEST
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Harold F Corrigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/06

Daytime Phone #

561-723-6108