


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90355 033 \*\*\*\*61.25

**DOCUMENT # N02000008723**  
 1. Entity Name  
**HEALTHYLIVING FOUNDATION, INC.**



Principal Place of Business  
**901 TOWN HALL AVENUE  
 JUPITER, FL 33458**

Mailing Address  
**901 TOWN HALL AVENUE  
 JUPITER, FL 33458**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**903 Town Hall Ave**  
 Suite, Apt. #, etc.

City & State  
**Jupiter FL**

Zip  
**33458**

Country  
**USA**



03152004 Chg-NP CR2E037 (10/03)

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

**ROBINETTE, PAT  
 129 CENTER STREET  
 JUPITER, FL 33458**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

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, 2004**

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**

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | KARPINIA, WALTER R       |  |
| STREET ADDRESS | 1104 172ND PLACED NORTH  |  |
| CITY-ST-ZIP    | JUPITER, FL 33478        |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | KARPINIA, SUZANNE DENISE |  |
| STREET ADDRESS | 1104 172ND PLACED NORTH  |  |
| CITY-ST-ZIP    | JUPITER, FL 33478        |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | EDENBURG, IGNACIO        |  |
| STREET ADDRESS | 901 TOWN HALL AVENUE     |  |
| CITY-ST-ZIP    | JUPITER, FL 33458        |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | ROBINETTE, PATRICIA A    |  |
| STREET ADDRESS | 129 CENTER STREET        |  |
| CITY-ST-ZIP    | JUPITER, FL 3458         |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 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:** Walter R Karpinia **4-15-04** **561-2627948**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #