

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008723

FILED  
May 01, 2008  
Secretary of State

Entity Name: HEALTHYLIVING FOUNDATION, INC.

**Current Principal Place of Business:**

11406 172 PLACE N  
JUPITER, FL 33478

**New Principal Place of Business:**

**Current Mailing Address:**

11406 172 PLACE N  
JUPITER, FL 33478

**New Mailing Address:**

FEI Number: 86-1074232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROBINETTE, PAT  
317 KENNEDY STREET  
JUPITER, FL 33458      US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ROBINETTE, SUZANNE DENISE  
Address: 11406 172ND PLACED NORTH  
City-St-Zip: JUPITER, FL 33478

Title: S/T      ( ) Delete  
Name: ROBINETTE, PATRICIA A  
Address: 317 KENNEDY STREET  
City-St-Zip: JUPITER, FL 33458

Title: D      ( ) Delete  
Name: ALLEN, REBECCA  
Address: 3065 MAINSAIL CIRCLE  
City-St-Zip: JUPITER, FL 33477

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT ROBINETTE

S/T

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date