

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007255

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** LEE F. AND CLAIRE E. HAGER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD  
#1125  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2800 PONCE DE LEON BLVD  
#1125  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1437773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERMAN, ALISON P  
1600 NW 163 ST  
MIAMI, FL 33169    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: TPTS  
Name: HAGER, LEE F  
Address: 3015 SORREL COURT  
City-St-Zip: WESTON, FL 33134

Title: TVP  
Name: HAGER, CLAIRE E  
Address: 3015 SORREL COURT  
City-St-Zip: WESTON, FL 33331

Title: TVP  
Name: HAGER, LAUREN E  
Address: 3015 SORREL COURT  
City-St-Zip: WESTON, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: ALISON P. HERMAN

RA

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date