

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012831

FILED
Apr 16, 2009
Secretary of State

Entity Name: PAG FOUNDATION, INC.

Current Principal Place of Business:

350 CAMINO GARDENS BOULEVARD
SUITE 102
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

350 CAMINO GARDENS BOULEVARD
SUITE 102
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-3992231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASANOFF, MICHAEL D
350 CAMINO GARDENS BOULEVARD
SUITE 102
BOCA RATON, FL 33432 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: D () Delete
Name: MASANOFF, MICHAEL D
Address: 350 CAMINO GARDENS BOULEVARD SUITE 102
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: COLLINS, PETER H
Address: 350 CAMINO GARDENS BOULEVARD #102
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HEEMSKERK, EILEEN L
Address: 1291 SW 9TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: MIRONOV, DAVID
Address: 120 EAST PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: VECCIA,, JOSEPH
Address: 1800 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: HASNER,, ADAM
Address: 33 N. E. 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

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:

Title: D (X) Change () Addition
Name: MIRONOV, DAVID
Address: 150 EAST PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33432

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: MICHAEL D. MASANOFF

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date