

Mar 28, 2008 8:00 am

Secretary of State

03-28-2008 90040 030 \*\*\*\*70.00

DOCUMENT # N07000006367

1. Entity Name  
ANCHORS AWAY FOUNDATION, INC

Principal Place of Business

18851 NE 20TH AVE  
#410  
AVENTURA, FL 33180 US

Mailing Address

18851 NE 20TH AVE  
#410  
AVENTURA, FL 33180 US

2. Principal Place of Business - No P.O. Box #

20900 NE 30th Ave  
Suite, Apt. #, etc. 410

3. Mailing Address

20900 NE 30th Ave  
Suite, Apt. #, etc. 410

03042008 Chg-NP CR2E037 (12/06)

City &amp; State

Aventura, FL

City &amp; State

Aventura, FL

4. FEI Number

33-1169852

Applied For

Not Applicable

Zip

33180

Country

US

Zip

33180

Country

US

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

 ADLER, ELAINE  
18851 NE 20TH AVE  
#410  
AVENTURA, FL 33180

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, 2008

 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 P ☐ Delete  
NAME JOEL, WILLIAM  
STREET ADDRESS 2600 ISLAND BLVD APT#704  
CITY-ST-ZIP AVENTURA, FL 33160

 TITLE VP ☐ Delete  
NAME SCHULMAN, CLIFFORD  
STREET ADDRESS 1221 BRICKELL AVENUE 23RD FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

 TITLE T ☐ Delete  
NAME ADLER, ELAINE 20900 NE 30th Ave  
STREET ADDRESS 18851 NE 20TH AVENUE, SUITE 410  
CITY-ST-ZIP AVENTURA, FL 33180

 TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE T ELAINE ADLER ☒ Change ☐ Addition  
NAME 20900 NE 30th Ave  
STREET ADDRESS Suite 410  
CITY-ST-ZIP Aventura, FL 33180

 TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FOR Anchors Away Fm Report # N07000006367

Northern Trust

ORDER OF PAY TO THE ORDER OF

the Dept of State

20900 NE 30TH AVE, SUITE 410  
AVENTURA, FL 33180  
PH: 305-932-5334

DATE 3-7-08

\$ 70.00

4230