

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N08400** (6)

1. Corporation Name

**THE HARRY I. ETELMAN FOUNDATION, INCORPORATED**



Principal Place of Business

Mailing Address

% RONALD SALES  
330 SO OCEAN BLVD., 2A  
PALM BEACH FL 33480  
US

% RONALD SALES  
330 SO OCEAN BLVD., APT 2A  
PALM BEACH FL 33480  
US

3. Date Incorporated or Qualified  
**03/27/1985**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 **c/o Harry I Etelman**  
27 Suite, Apt. #, etc.  
28 **330 So. Ocean Blvd**  
29 City & State  
30 **Palm Beach Fl 33480**  
31 Zip  
32 **USA**

4. FEI Number

**59-2523898**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALES, RONALD  
1551 FORUM PLACE  
SUITE 300F  
W PALM BEACH FL 33402

81 Name

**Harry I Etelman**

82 Street Address (P.O. Box Number is Not Acceptable)

**330 So Ocean Blvd**

83

**Apt 2-a**

84 City

**Palm Beach Fl**

**FL**

85 Zip Code

**33480**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ETELMAN, HARRY I  
145 PERUVIAN AVE  
PALM BEACH FL  
D  
CURRY, BERNARD  
350 ROYAL PALM WAY  
PALM BEACH FL  
D  
SALES, RONALD  
1551 FORUM PLACE, #300F  
W PALM BCH FL  
☐ DELETE  
☐ DELETE  
☐ DELETE  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
D  
ETELMAN, HARRY I  
330 SO OCEAN BLVD  
PALM BEACH FL  
☐ Change ☐ Addition  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HARRY I ETELMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

407-932-7006  
Daytime Phone #

CR2E037 (12/95)