

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003193

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** HEREDITARY IMMUNE DEFICIENCY ASSOCIATION, INC.

**Current Principal Place of Business:**

6381 ROBINSON STREET  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

6381 ROBINSON STREET  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

FREDERIC T. DEHON, JR., P.A.  
5606 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS, FL 33418 US

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  
Name: SCHWARTZ, DAVID  
Address: 6400 ROBINSON STREET  
City-St-Zip: JUPITER, FL 33458

Title: SCHW  
Name: ARTZARTZ, RENATA  
Address: 6400 ROBINSON STREET  
City-St-Zip: JUPITER, FL 33458

Title: D  
Name: PALADINO, NIKKI  
Address: 1430 NORTH LAKESIDE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

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: D. SCHWARTZ

OFFI

05/01/2010

Electronic Signature of Signing Officer or Director

Date