

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006083

FILED  
Mar 03, 2011  
Secretary of State

Entity Name: THE HOLEWINSKI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

940 CAPE MARCO DR #1104  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**  
940 CAPE MARCO DR #1104  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 01-0930068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEGACY FAMILY OFFICE, LLC  
780 5TH AVENUE SOUTH  
SUITE 200  
NAPLES, FL 34102 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  
Name: HOLEWINSKI, DENNIS  
Address: 940 CAPE MARCO DRIVE #1104  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: HOLEWINSKI, SUSAN  
Address: 940 CAPE MARCO DRIVE #1104  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: HOLEWINSKI, DANE  
Address: 3526 WEBSTER STREET  
City-St-Zip: SAN FRANCISCO, CA 94123

Title: D  
Name: GRUNWELL, SARA  
Address: 22 ALYSSA DRIVE  
City-St-Zip: NEW TOWN, PA 18940

Title: D  
Name: O'DONNELL, JILL  
Address: 3719 GREEN RIDGE ROAD  
City-St-Zip: FURLONG, PA 18925

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. HOLEWINSKI

D

03/03/2011

Electronic Signature of Signing Officer or Director

Date