

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004428

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** BEYOND BLIND INSTITUTE, INC.

**Current Principal Place of Business:**

4440 PGA BLVD, STE 600  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4440 PGA BLVD, STE 600  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 27-2620847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROBST, DANIEL J  
3300 PGA BLVD  
SUITE 500  
PALM BEACH GARDENS, FL 33410 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: PD  
Name: GUGEL, JOYCE  
Address: 4440 PGA BLVD, STE 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD  
Name: SCHANEL, TODD  
Address: 515 TOMAHAWK COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD  
Name: PROBST, DANIEL J  
Address: 3443 S CAROLINE DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: D  
Name: MOSHFEGHI, ANDREW A  
Address: 176 HONEYSUCKLE DR  
City-St-Zip: JUPITER, FL 33458

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: DANIEL J PROBST

SD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date