

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40350

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** THE COUNT AND COUNTESS DE HOERNLE FOUNDATION, INC.

**Current Principal Place of Business:**

6751 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33487

**New Principal Place of Business:**

2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431

**Current Mailing Address:**

6751 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33487

**New Mailing Address:**

2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431

**FEI Number:** 65-0221652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIDER, DONALD C  
6751 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33487 US

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

SCIARRETTA, STEVEN A ESQUIRE  
2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431 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: STEVEN SCIARRETTA

01/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVPS ( ) Delete  
Name: COUNTESS DE HOERNLE, HENRIETTA  
Address: 6055 S. VERDE TR #H-320  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: DEPPE, FLORENCE  
Address: 2180 DEVONSHIRE WAY  
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: D ( ) Delete  
Name: WAGMAN, CAROLINA  
Address: 1190 OVERBROOK CIR  
City-St-Zip: YORK, PA 17403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRIETTA DEHOERNLE

P

01/16/2008

Electronic Signature of Signing Officer or Director

Date