


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90153 043 \*\*\*\*61.25

<b>DOCUMENT # N41415</b> 1. Entity Name <b>THE HSM CHARITABLE FOUNDATION, INC.</b>	
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Principal Place of Business <b>3399 PGA BLVD.</b> <b>SUITE 260</b> <b>WEST PALM BEACH, FL 33410 US</b>	Mailing Address <b>3399 PGA BLVD.</b> <b>SUITE 260</b> <b>WEST PALM BEACH, FL 33410 US</b>
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02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3041774</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STONE, HELEN ECCESTON</b> <b>3399 PGA BLVD.</b> <b>SUITE 260</b> <b>PALM BEACH GARDENS, FL 33410</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>STONE, HELEN E</b> <b>3399 PGA BLVD. STE 260</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SHAFFER, MARGARET B</b> <b>3399 PGA BLVD. STE 260</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CROSBY, SHEILA B</b> <b>3399 PGA BLVD. STE 260</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>CRSBY SHEILA B</b> <i>Spelled incorrectly slb Crosby</i> <b>3399 PGA BLVD. STE 260</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Helen E Stone</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>4/11/06</i> Date	<i>561-626-9711</i> Daytime Phone #
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