

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N41415**

1. Entity Name

THE HSM CHARITABLE FOUNDATION, INC.



Principal Place of Business

3399 PGA BLVD.

SUITE 260

WEST PALM BEACH, FL 33410 US

Mailing Address

3399 PGA BLVD.

SUITE 260

WEST PALM BEACH, FL 33410 US

**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3041774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STONE, HELEN ECCESTON

3399 PGA BLVD.

SUITE 260

PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME STONE, HELEN E  
STREET ADDRESS 3399 PGA BLVD. STE 260  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D  
NAME SHAFFER, MARGARET B  
STREET ADDRESS 3399 PGA BLVD. STE 260  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D  
NAME CROSBY, SHEILA B  
STREET ADDRESS 3399 PGA BLVD. STE 260  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE STD  
NAME CROSBY, SHEILA B  
STREET ADDRESS 3399 PGA BLVD. STE 260  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000720691  
05/01/07-80113-023 61.25

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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.

**SIGNATURE:**

*Margaret B Shaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #