

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 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**



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	

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02/05/08-80049-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Helen E Stone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-08 561-626-9711