

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41415

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** THE HSM CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

3399 PGA BLVD.  
SUITE 260  
WEST PALM BEACH, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

3399 PGA BLVD.  
SUITE 260  
WEST PALM BEACH, FL 33410 US

**New Mailing Address:**

**FEI Number:** 59-3041774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STONE, HELEN E  
3399 PGA BLVD.  
SUITE 260  
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: STONE, HELEN E  
Address: 3399 PGA BLVD. STE 260  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: SHAFFER, MARGARET B  
Address: 3399 PGA BLVD. STE 260  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: CROSBY, SHEILA B  
Address: 3399 PGA BLVD. STE 260  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD  
Name: CROSBY, SHEILA B  
Address: 3399 PGA BLVD. STE 260  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: HELEN E. STONE

P

01/03/2012

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

\_\_\_\_\_  
Date