

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N46465

1. Entity Name  
ROBERT L. HAHN FOUNDATION, INC.



Principal Place of Business

2800 CASEY KEY ROAD  
NOKOMIS, FL 34275

Mailing Address

2800 CASEY KEY ROAD  
NOKOMIS, FL 34275

**FILED**  
**Jun 15, 2005 8:00 A.M.**  
**Secretary of State**



05162005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3100586

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

HAHN, ROBERT L  
2800 CASEY KEY ROAD  
NOKOMIS, FL 34275

**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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | D                           |
| NAME           | HAHN, ROBERT L              |
| STREET ADDRESS | 2800 CASEY KEY RD           |
| CITY-ST-ZIP    | NOKOMIS, FL 34275           |
| TITLE          | D                           |
| NAME           | EATMAN, MICHAEL             |
| STREET ADDRESS | 332 E BAY ST                |
| CITY-ST-ZIP    | OSPREY, FL 34229            |
| TITLE          | D                           |
| NAME           | LIEBERMAN, ERIK R           |
| STREET ADDRESS | 227 NOKOMIS AVE. SOUTH      |
| CITY-ST-ZIP    | VENICE, FL 34285            |
| TITLE          | D                           |
| NAME           | BIENKOWSKI, KENNETH         |
| STREET ADDRESS | 6250-5 CAPE HATTERAS WAY NE |
| CITY-ST-ZIP    | ST PETERSBURG, FL 37702     |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

300056633533  
06/29/05--01004--011 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/05

Date

841 966-6645

Daytime Phone #