

7160 3901 9848 6310 1900

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

FILED

05 JUN 30 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000196

1. Entity Name
THE LINDEMANN CHARITABLE FOUNDATION II, INC.



Principal Place of Business
60 BLOSSOM WAY
PALM BEACH, FL 33480 US

Mailing Address
C/O RICHARD MELCHNER
111 WEST 40 ST, 12 FL
NEW YORK, NY 10018 US



06062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2119083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDEMANN, GEORGE L
60 BLOSSOM WAY
W PALM BEACH, FL 33480

**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

000056779920
06/30/05--01022--002 **\$61.25

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LINDEMANN, GEORGE L 60 BLOSSOM WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDEMANN, FRAYDA B 60 BLOSSOM WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDEMANN, SLOAN N 601 INDIAN FIELD ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDEMANN, GEORGE L JR. 1736 W 28TH ST SUNSET ISLAND #1 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Date

Daytime Phone #

George L. Lindemann
George L. Lindemann

6/30/05