## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500005764 (4)

## HIGHLAND BEACH LIBRARY FOUNDATION, INC.

## FILED Jan 30 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address									
3614 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487			3614 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-3325									
								3. Date Incorpore 12/06/1	ated or Qualified <b>995</b>	3a. Dat	e of Last F <b>)4/25/19</b>	Report 196
2. Principat Place of Business			2a. Mailing Address					4. FEI Number	1046		A	pplied For
21			26					65-0651	1046		N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of S	Status Desired			Additional
22 City & State			City & State									equired
23								6. Election Camp				May Be
Zip	Coun		<b>28</b> Zip		Countr	,		Trust Fund Co				to Fees
24	25	· .	29	ŀ	30			Florida Statute	on has liability for i	ntangible t Yes 🄀		s. 199.032,
24	9. Name and Add				30			10. Name and Ad				
			<u> </u>		81	Nam	าย				<b></b>	
HRAWG	CORP.				82							
2000 GLADES ROAD						Stre	et Address (P.O. Box Number is Not Acceptable)					
SUITE 400						$\vdash$						
	ATON FL 33431				ļ							
<b>DOOM</b>					84	City				FL	<b>85</b> Zip	Code
11, Pursuant	to the provisions of Se	ections 617.0502 ar	nd 617.1508. F	lorida Statute	s, the abov	L e-nami	ed corpor	ration submits this s	statement for the n	uroose of	hanging i	ts registered
e onice or r	egistered agent, or bo m familiar with, and ac	oth, in the State of F	ilorida. Such ci	nange was ai	uthorized b	/ the c	orporatio	n's board of directo	rs. I hereby accep	t the appo	intment as	registered
_	ili falimai willi, allo ac	cept the obligation	is or, section o	)   r.0505, F101	iida Sialule	٥.						
SIGNATURE _	Signature, typed or printed na	me of registered agent an	d to e if applicable	(NOTE	Registered Ag	ent signat	lure required	when reinstating)		DATE		
12.		OFFICERS AND D	RECTORS		13.			ADDITIONS/CH	ANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	DP			DELETE	1.1 TOTLE		707	<del></del>			Channe	Addition
NAME	Bell, Leonard				1.2 NAME		60	LDENSON 124 500	1,16211	Z		
STREET ADDRESS	3614 SOUTH OC	IRD 1.3 ST			ADDRES	s   3,2	CAH BOO.	th ocean	17301	DEVE	(C)	
CITY-ST-ZIP	HIGHLAND BEAC	CH FL 33487			1.4 CITY-5	T-ZIP	A	GHLAHD	BEACH	ノナム	334	187
TITLE	DVP			DELETE	2.1 TITLE		T	_		i	Change	Addition
NAME	WARD, JOHN E				2.2 NAME		<b>1</b>	HAS BA	RRYISI	MES	AJ	TR.
STREET ADDRESS	3614 SOUTH OC		RD 2.3 S			ADDRES		HON SOUTH BEEN BOULEUR				
CITY-ST-ZIP	HIGHLAND BEAC	CH FL 33487			2. 4 CITY-	ST - ZIP	F	HE HLAND	DBEACH	FL	384	187
TITLE	DS			DELETE	3.1 TITLE		2			/ [	Change	Addition
NAME	RAYNER, JANE		_		3.2 NAME		VIZ	TOP /	HADEET	, VIC	TOR	, P.
\$TREET ADDRESS	3614 SOUTH OC		₹D		3.3 STREET	ADDRES	s   3 à	OI SOUT	4 ocean	BOO	LEV4	<u>e</u> p_
CITY-ST-ZIP	HIGHLAND BEAC	CH FL 33487		<b>,</b>	3.4 CITY-	ST-ZIP	H	ig a lant	) BEAC	H, P	<u> </u>	3487
TITLE	DT		×	DELETE	4.1 TITLE					·	Change	Addition
NAME	REID, THOMAS		_		4. 2 NAME							į
STREET ADDRESS	3614 SOUTH OC		RD		4.3 STREFT	ADDRES	s					
CITY-ST-ZIP	HIGHLAND BEAC	CH FL 33487			4.4 CITY - S	T- ZIP						
TITLE	D			DELETE	5.1 TITLE						Change	Addition
NAME	POULSEN, ELIZA		_		5.2 NAME							
STREET ADORESS	3614 SOUTH OC		RD		5.3 STREET	ADDRES	s					ł
CITY-ST-ZIP	HIGHLAND BEAC	CH FL 33487			5.4 CITY- 9	1- <i>7(</i> P						
TITLE	D			DELETE	61 TITLE				-	[	Change	Addition
NAME	Lewis, Jean A				6.2 NAME		1					
STREET ADDRESS	3614 SOUTH OC	EAN BOULEVAR	RD		6.3 STREET	ADDRES	s					
CITY-ST-ZIP	HIGHLAND BEAC	CH FL 33487			6.4 CITY - 9	I - ZIP						
14 Ldo bereb	v certify that the inform	mation eupphod wil	th this filing do	oo nat rualifu				C 140 07(0)	(i) Flacials Cost. Ass.	1.5		

4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CNATURE AND IR DEPARTURE FOLLY & CONTRACTOR SOLL 278 -0846