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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005764 (4)**

1. Corporation Name

HIGHLAND BEACH LIBRARY FOUNDATION, INC.



Principal Place of Business	Mailing Address
3614 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487	3614 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

65-0651046

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HRAWG CORP.  
2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BELL, LEONARD	
STREET ADDRESS	3614 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WARD, JOHN E	
STREET ADDRESS	3614 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RAYNER, JANE	
STREET ADDRESS	3614 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GOLDENSON, FELIX R	
STREET ADDRESS	3224 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POULSEN, ELIZABETH	
STREET ADDRESS	3614 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JEAN A	
STREET ADDRESS	3614 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICTOR HADEED	
1.3 STREET ADDRESS	3201 SOUTH OCEAN BOULEVARD	
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE: For SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98

561 2780349

CR2E037 (10/97)