

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90208 041 ****61.25

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1. Corporation Name

HIGHLAND BEACH LIBRARY FOUNDATION, INC.

Principal Place of Business

3614 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL 33487

Mailing Address

3614 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL 33487



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/06/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0651046

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BELL, LEONARD
STREET ADDRESS 3614 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D BEHRMAN DIANE
1.3 STREET ADDRESS 3614 SOUTH OCEAN BLVD
1.4 CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE DVP
NAME HADEED, VICTOR
STREET ADDRESS 3201 SOUTH OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D SUAREZ, MARIA
2.3 STREET ADDRESS 3614 SOUTH OCEAN BLVD
2.4 CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE DS
NAME RAYNER, JANE
STREET ADDRESS 3614 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT
NAME GOLDENSON, FELIX R
STREET ADDRESS 3224 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME POULSEN, ELIZABETH
STREET ADDRESS 3614 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME LEWIS, JEAN A
STREET ADDRESS 3614 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☒ DELETE

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

561-278-0349
Daytime Phone #

CR2E037 (11/98)