

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90043 016 \*\*\*\*61.25

**DOCUMENT # N97000000675**

1. Entity Name  
**THE FLECK FAMILY FOUNDATION, INC.**



Principal Place of Business  
**289 GREENWICH AVENUE  
2ND FLOOR  
GREENWICH, CT 06830**

Mailing Address  
**340 S. PALM AVE.  
123  
SARASOTA, FL 34236**

**34003835**

2. Principal Place of Business  
**1449 Crystal Lake Rd.**

3. Mailing Address  
**1449 Crystal Lake Rd.**

Suite, Apt. #, etc.

City & State  
**Aspen, CO**

Zip  
**81611**

Country  
**USA**



01282004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**FLECK, AARON  
340 SOUTH PALM AVENUE  
#123  
SARASOTA, FL 34236**

4. FEI Number  
**65-0729738**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FLECK, AARON H 340 SOUTH PALM AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Fleck, Aaron 1449 Crystal Lake Rd. Aspen, CO 81611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FLECK, BARBARA 289 GREENWICH AVENUE GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Fleck, Barbara 1449 Crystal Lake Rd Aspen, CO 81611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK, KATHRYN E 289 GREENWICH AVENUE GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fleck, Kathryn E. 1449 Crystal Lake Rd Aspen, CO 81611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDLINGER, PAMELA FLECK 289 GREENWICH AVENUE GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brendlinger, Pamela Fleck 1449 Crystal Lake Rd. Aspen, CO 81611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK, LISA 289 GREENWICH AVENUE GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fleck, Lisa 1449 Crystal Lake Rd. Aspen, CO 81611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Aaron H. Fleck* **941 958 6231**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #