

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 012 \*\*\*\*61.25

**DOCUMENT # N98000007147**

1. Entity Name  
**CRITCHFIELD PRIVATE FOUNDATION, INC.**



Principal Place of Business  
**400 ROYAL PALM WAY  
402  
PALM BEACH, FL 33480**

Mailing Address  
**P.O. BOX 2345  
PALM BEACH, FL 33480**



2. Principal Place of Business - No P.O. Box #  
**3501 PGA Boulevard**

3. Mailing Address  
**3501 PGA Boulevard**

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.  
**Suite 201**

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip  
**33410**

Country  
**US**

Zip  
**33410**

Country  
**US**

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0881997**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DOWNEY, EDWARD  
STE 302  
3601 PGA BLVD  
PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name  
**Edward Downey**  
Street Address (P.O. Box Number is Not Acceptable)  
**3501 PGA Boulevard**  
**Suite 201**  
City  
**Palm Beach Gardens** **FL** Zip Code  
**33410**

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

*Edward Downey*

**EDWARD DOWNEY**

**1/5/07**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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**

TITLE  
**PT**  
NAME  
**CRITCHFIELD, MAXINE J**  
STREET ADDRESS  
**101 TURNBERRY DRIVE**  
CITY - ST - ZIP  
**ATLANTIS, FL 33462** ☐ Delete

TITLE  
**VPT**  
NAME  
**DOWNEY, EDWARD**  
STREET ADDRESS  
**400 ROYAL PALM WAY**  
CITY - ST - ZIP  
**PALM BEACH, FL 33480** ☒ Delete

TITLE  
**ST**  
NAME  
**DOWNEY, DANIEL**  
STREET ADDRESS  
**400 ROYAL PALM WAY**  
CITY - ST - ZIP  
**PALM BEACH, FL 33480** ☒ Delete

TITLE  
**NAME**  
STREET ADDRESS  
**CITY - ST - ZIP** ☐ Delete

TITLE  
**NAME**  
STREET ADDRESS  
**CITY - ST - ZIP** ☐ Delete

TITLE  
**NAME**  
STREET ADDRESS  
**CITY - ST - ZIP** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
**NAME**  
STREET ADDRESS  
**CITY - ST - ZIP** ☐ Change ☐ Addition

TITLE  
**VPT**  
NAME  
**Edward Downey**  
STREET ADDRESS  
**3501 PGA Boulevard, Suite 201**  
CITY - ST - ZIP  
**Palm Beach Gardens, FL 33410** ☒ Change ☐ Addition

TITLE  
**ST**  
NAME  
**Daniel Downey**  
STREET ADDRESS  
**3501 PGA Boulevard, Suite 201**  
CITY - ST - ZIP  
**Palm Beach Gardens, FL 33410** ☒ Change ☐ Addition

TITLE  
**NAME**  
STREET ADDRESS  
**CITY - ST - ZIP** ☐ Change ☐ Addition

TITLE  
**NAME**  
STREET ADDRESS  
**CITY - ST - ZIP** ☐ Change ☐ Addition

TITLE  
**NAME**  
STREET ADDRESS  
**CITY - ST - ZIP** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Edward Downey*

**EDWARD DOWNEY**

**1/5/07**

**561-691-2043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #