

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003125

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: THE VERA AND IMRE HECHT FOUNDATION, INC.

**Current Principal Place of Business:**

1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 31-1652204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMPTON, JOHN M ESQ.  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TAUBER, DIANE L  
Address: 465 MCKINLEY DRIVE  
City-St-Zip: SARASOTA, FL 34236 US

Title: DAS ( ) Delete  
Name: WDOWIAK JAZOWNIK, ISABELA  
Address: 200 RIVERSIDE BLVD., APT. 7D  
City-St-Zip: NEW YORK, NY 10069 US

Title: DS ( ) Delete  
Name: FOX, IRA  
Address: 1407 BROADWAY, SUITE 3310  
City-St-Zip: NEW YORK, NY 10018 US

Title: D ( ) Delete  
Name: MARGITTAI, TOM  
Address: 31 SAN JUAN RANCH ROAD  
City-St-Zip: SANTA FE, NM 87506 US

Title: DT ( ) Delete  
Name: SIMON, VERONICA  
Address: 431 W. BAY ROAD, REGAL BEACH, #633  
City-St-Zip: GRAND CAYMAN, GC KYI-1004 CI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE L TAUBER

DP

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date