

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90040 049 ****61.25

DOCUMENT # P36857

1. Entity Name
THE LEWIS SCHOTT FOUNDATION, INCORPORATED



Principal Place of Business
**220 SUNRISE AVE
SUITE 216
PALM BEACH, FL 33480**

Mailing Address
**220 SUNRISE AVE
SUITE 216
PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE



03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
58-1969908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOTT, LEWIS M.
200 SUNRISE AVENUE
SUITE 216
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHOTT, LEWIS M.
STREET ADDRESS	226 VIA LAS BRISAS
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	STD
NAME	SCHOTT, NASH W.
STREET ADDRESS	503 PRINCESS STREET
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	D
NAME	SCHOTT, STEVEN G.
STREET ADDRESS	5 DARTMOUTH ST
CITY-ST-ZIP	FOREST HILLS GARDENS, NY 11375
TITLE	D
NAME	DE ROTHSCHILD, VICTORIA
STREET ADDRESS	38 CHEYNE WALK 45 EGGERTON GARDENS, FOTS
CITY-ST-ZIP	LONDON, UK SW2 6HJ SW3 2DD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06
Date

561-833-3329
Daytime Phone #