

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006735

**Entity Name:** ELVIE SAINT VIL HEALTH & LIFE FOUNDATION INC.

**Current Principal Place of Business:**

3520 CROAKER DR  
HERNANDO BEACH, FL 34607

**Current Mailing Address:**

3520 CROAKER DR  
HERNANDO BEACH, FL 34607 US

**FEI Number: 47-4542040**

**Certificate of Status Desired: No**

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

SAINT VIL, FRANTZ  
3520 CROAKER DR  
HERNANDO BEACH, FL 34607 US

*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

**Officer/Director Detail :**

Title P  
Name SAINT VIL, FRANTZ  
Address 3520 CROAKER DR  
City-State-Zip: HERNANDO BEACH FL 34607

Title VP  
Name SAINT VIL, ANNA O  
Address 3520 CROAKER DR  
City-State-Zip: HERNANDO BEACH FL 34607

Title M  
Name EMMANUEL, NATACHA  
Address 1010 NE 214 STREET  
City-State-Zip: MIAMI FL 33179

*I hereby 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 all other like empowered.*

**SIGNATURE: FRANTZ SAINT VIL**

**04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date