

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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Apr 06, 2016

Entity Name: FOUNDATION PROPERTY MANAGEMENT, INC.

Secretary of State

CC6675554859

Current Principal Place of Business:

911 N STUDEBAKER RD
LONG BEACH, CA 90815-4900

Current Mailing Address:

911 N STUDEBAKER RD
LONG BEACH, CA 90815-4900

FEI Number: 95-3651050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PD
Name SIMINGTON, STEWART M
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

Title VTD
Name JAHRLING, FRANK G
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

Title V
Name HARTMAN, STUART
Address 911 N STUDEBAKER
City-State-Zip: LONG BEACH CA 90815-4900

Title S
Name STOUFF, DEBORAH
Address 911 STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

Title D
Name EAST, RAYMOND
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

Title DIRECTOR
Name POTTER, CHRISTINA E
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

Title CEO
Name JOSEPH, LAVERNE R
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

Title CFO
Name ROSSELLO, FRANK
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

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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: DEBORAH J. STOUFF

SECRETARY

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SEXTON, DARRYL M
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900

Title DIRECTOR
Name MOYER, DAVID S
Address 911 N STUDEBAKER RD
City-State-Zip: LONG BEACH CA 90815-4900