

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002743

**Entity Name:** THE BACARDI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

8720 WELLINGTON VIEW DRIVE  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

809 BOLLING AVENUE UNIT C  
CHARLOTTESVILLE, VA 22902 US

**FEI Number:** 54-1854752

**Certificate of Status Desired:** No

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

D'ANGIO , ROBERT A JR.  
8720 WELLINGTON VIEW DRIVE  
WEST PALM BEACH, FL 33411 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:** ROBERT A. D'ANGIO, JR.

02/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KEVIN, O'BRIEN A  
Address 704 LOCUST AVENUE  
City-State-Zip: CHARLOTTESVILLE VA 22902

Title D  
Name FERNANDEZ, FREDRICO  
Address 3301 PONCE DE LEON BLVD, SUITE  
200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name RODRIGUEZ, BRET  
Address 679 FORT SUMPTER CV  
City-State-Zip: COLLIERVILLE TN 38017

Title DIRECTOR  
Name AIXALA DAWSON, MARI  
Address 5786 LA SIERRA DRIVE  
City-State-Zip: SANTA ROSA CA 95409

Title DIRECTOR  
Name CHRYSLER, ANA MARIA  
Address 88 HERRICK RD  
City-State-Zip: SOUTHAMPON NY 11968

*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:** KEVIN A O'BRIEN

**DIRECTOR**

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date