

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010031

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** MARK EISENBERG FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4601 COMMUNITY DRIVE  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

4601 COMMUNITY DRIVE  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 20-1842894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BREITSTEIN, JOEL  
4601 COMMUNITY DRIVE  
WEST PALM BEACH, FL 33417 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: T  
Name: BAKLOR, SANFORD TRUSTEE  
Address: 5 VIA SUNNY  
City-St-Zip: PALM BEACH, FL 33480

Title: D  
Name: LEVY, MARK TRUSTEE  
Address: 15220 PALM WOOD RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S  
Name: BREITSTEIN, JOEL TRUSTEE  
Address: 4601 COMMUNITY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P  
Name: EISENBERG, MARK TRUSTEE  
Address: 133 VIA PARALISIO  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP  
Name: EISENBERG, LAWRENCE TRUSTEE  
Address: 1700 WISCONSIN AVE NW  
City-St-Zip: WASHINGTON, DC 20007

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: JOEL BREITSTEIN

S

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date