

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006254

1. Entity Name
THE STEVAN AND MARILYN SIMON FAMILY
FOUNDATION, INC.



Principal Place of Business
4200 BISCAYNE BLVD.
MIAMI, FL 33137

Mailing Address
4200 BISCAYNE BLVD.
MIAMI, FL 33137



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6233546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANOE, STEPHEN C
4200 BISCAYNE BLVD.
MIAMI, FL 33137

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME PERTNOY, SIDNEY
STREET ADDRESS 13003 SW 104 CT.
CITY-ST-ZIP MIAMI, FL 33176

TITLE D
NAME SIMON, CAROL
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE DS
NAME LANDE, STEPHEN C
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000275216
03/24/05-80044-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #