

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90073 011 ****70.00

DOCUMENT # N99000002958 1.. Entity Name HOWARD AND SHARON SOCOL FAMILY FOUNDATION, INC.					
Principal Place of Business 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES FL 33134				Mailing Address 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES FL 33134	
2. Principal Place of Business 11 Tahiti Beach Island Road Suite, Apt. #, etc.		3. Mailing Address 11 Tahiti Beach Island Road Suite, Apt. #, etc.			
City & State Coral Gables, FL 33143		City & State Coral Gables, FL 33143		4. FEI Number 65-0935728	
Zip 33143		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERMAN, ALISON P 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name -Sharon G. Socol- Street Address (P.O. Box Number is Not Acceptable) -11 Tahiti Beach Island Road City Coral Gables FL Zip Code 33143	
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 <u><i>Sharon G. Socol</i></u> <u><i>Sharon G. Socol</i></u> <u><i>3/28/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOCOL, HOWARD <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOCOL, SHARON G <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCOL, RACHELLE <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCOL, CAREY <input type="checkbox"/> Delete 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u><i>Sharon G. Socol</i></u> <u><i>3/28/04</i></u> <u><i>3056659729</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					