

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002958

FILED
Jan 24, 2009
Secretary of State

Entity Name: HOWARD AND SHARON SOCOL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

11 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

11 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0935728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOCOL, SHARON G
11 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143 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: CD () Delete
Name: SOCOL, HOWARD
Address: 2800 PONCE DE LEON BLVD, SUITE 1125
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: SOCOL, SHARON G
Address: 2800 PONCE DE LEON BLVD, SUITE 1125
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SOCOL, RACHELLE
Address: 2800 PONCE DE LEON BLVD, SUITE 1125
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SOCOL, CAREY
Address: 2800 PONCE DE LEON BLVD, SUITE 1125
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: SOCOL, HOWARD
Address: 11 TAHITI BEACH ISLAND ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: PD (X) Change () Addition
Name: SOCOL, SHARON G
Address: 11 TAHITI BEACH ISLAND ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change () Addition
Name: SOCOL, RACHELLE
Address: 3725 FRANZ ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: SOCOL-KREGSMAN, CAREY
Address: 315 W. 99TH STREET #5D
City-St-Zip: NEW YORK, NY 10025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON G. SOCOL

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date