

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011763

Entity Name: THE BURD FAMILY FOUNDATION, INC.**Current Principal Place of Business:**7781 N.W. BEACON SQ. BLVD., #102
BOCA RATON, FL 33487**Current Mailing Address:**7781 N.W. BEACON SQ. BLVD., #102
BOCA RATON, FL 33487 US**FEI Number: 81-0814769****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHWARTZ, HOWARD L
7781 N.W. BEACON SQ. BLVD., #102
BOCA RATON, FL 33487 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DIRECTOR
Name BURD, ROBERTA
Address 6420 POLO POINTE WAY
City-State-Zip: DELRAY BEACH FL 33484Title DIRECTOR
Name BURD, SAMANTHA
Address 35 NORMAN LANE
City-State-Zip: LEVITTOWN NY 11756Title DIRECTOR
Name BURD, LAWRENCE
Address 159 CHICHESTER ROAD
City-State-Zip: HUNTINGTON NY 11743Title DIRECTOR
Name SCHWARTZ, HOWARD L
Address 7781 N.W. BEACON SQ. BLVD., #102
City-State-Zip: BOCA RATON FL 33487Title DIRECTOR
Name BURD, STEPHEN
Address 35 NORMAN LANE
City-State-Zip: LEVITTOWN NY 11756

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: HOWARD L. SCHWARTZ**DIRECTOR****03/11/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date