

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000102

**Entity Name:** PODHURST FAMILY SUPPORTING FOUNDATION, INC.

**Current Principal Place of Business:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**Current Mailing Address:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137 US

**FEI Number: 65-0720334**

**Certificate of Status Desired: No**

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

OKSANA, CARDINI  
4200 BISCAYNE BLVD  
MIAMI, FL 33137 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: OKSANA CARDINI**

**04/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name OREN, NEDRA  
Address 3526 BAYSHORE VILLAS DRIVE  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name SOLOMON, JACOB  
Address 4200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title DS  
Name SCOTT , KAPLAN  
Address 4200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title D  
Name DERN, KAREN PODHURST  
Address 4417 WOODFIELD BLVD.  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name PODHURST, AARON  
Address SUNTRUST INTERNATIONAL CENTER  
ONE S.E. 3RD AVENUE - SUITE 2700  
City-State-Zip: MIAMI FL 33131

Title D  
Name KOFFSKY, LAURA  
Address 3519 BAYSHORE VILLAS DRIVE  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name PODHURST, DOROTHY  
Address 10 EDGEWATER DRIVE  
APT. TS-E  
City-State-Zip: CORAL GABLES FL 33133

Title D  
Name SCHWARTZ, MAXINE  
Address 4280 NORTH HILL DRIVE  
City-State-Zip: HOLLYWOOD FL 33021

**Continues on page 2**

*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: SCOTT KAPLAN**

**SECRETARY**

**04/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name BILZIN, BRIAN  
Address 1450 BRICKELL AVE., SUITE 2300  
City-State-Zip: MIAMI FL 33131