

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000102

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: Yes

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

06/22/2020

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

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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

06/22/2020

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