

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000298

Entity Name: WILLIAM AND JOAN BRODSKY FOUNDATION, INC.

FILED
Feb 26, 2015
Secretary of State
CC2636372071

Current Principal Place of Business:

2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES, FL 33134

Current Mailing Address:

2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES, FL 33134 US

FEI Number: 65-0724452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BREIER, ROBERT G ESQ.
2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES, FL 33134 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: ROBERT G. BREIER, ESQ.

02/26/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BRODSKY, WILLIAM
Address 2800 PONCE DE LEON BLVD SUITE 1125
City-State-Zip: CORAL GABLES FL 33134

Title STD
Name BRODSKY, JOAN
Address 2800 PONCE DE LEON BLVD SUITE 1125
City-State-Zip: CORAL GABLES FL 33134

Title D
Name BRODSKY, MICHAEL
Address 2800 PONCE DE LEON BLVD SUITE 1125
City-State-Zip: CORAL GABLES FL 33134

Title D
Name BRODSKY, STEPHEN
Address 2800 PONCE DE LEON BLVD SUITE 1125
City-State-Zip: CORAL GABLES FL 33134

Title D
Name BRODSKY, JONATHAN
Address 2800 PONCE DE LEON BLVD SUITE 1125
City-State-Zip: CORAL GABLES FL 33134

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: WILLIAM J. BRODSKY

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date