

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007281

Entity Name: THE LYNN AND DAVID RUSSIN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**4200 BISCAYNE BOULEVARD
MIAMI, FL 33137**Current Mailing Address:**4200 BISCAYNE BOULEVARD
MIAMI, FL 33137**FEI Number: 65-0884200****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LANDE, STEPHEN C
4200 BISCAYNE BOULEVARD
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name GLICKSTEIN, RABBI GARY
Address 4144 CHASE AVENUE
City-State-Zip: MIAMI BEACH FL 33140

Title D
Name COHEN, DANIEL M.D.
Address 4302 ALTON ROAD, SUITE 115
City-State-Zip: MIAMI BEACH FL 33140

Title D
Name RUSSIN, PETER
Address 5170 LA GORCE DRIVE
City-State-Zip: MIAMI BEACH FL 33140

Title DS
Name LANDE, STEPHEN
Address 4200 BISCAYNE BOULEVARD
City-State-Zip: MIAMI FL 33137

Title D
Name ADLER, SARA
Address 1400 N.W. 107TH AVENUE - 5TH FLOOR
City-State-Zip: MIAMI FL 33172

Title D
Name BERCOW, JULIE
Address 590 LAKEVIEW DRIVE
City-State-Zip: MIAMI BEACH FL 33140

Title D
Name TURNER, ELISABETH
Address 700 LAKEVIEW DRIVE
City-State-Zip: MIAMI BEACH FL 33140

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: STEPHEN C. LANDE**SECRETARY****01/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date