

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

DOCUMENT# N99000002958

**Entity Name:** HOWARD AND SHARON SOCOL FAMILY FOUNDATION, INC.

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**0636028698CC**

**Current Principal Place of Business:**

11 TAHITI BEACH ISLAND ROAD  
CORAL GABLES, FL 33143

**Current Mailing Address:**

11 TAHITI BEACH ISLAND ROAD  
CORAL GABLES, FL 33143

**FEI Number: 65-0935728**

**Certificate of Status Desired: No**

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

SOCOL, SHARON  
11 TAHITI BEACH ISLAND ROAD  
CORAL GABLES, FL 33143 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:** SHARONSOCOL

01/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name SOCOL, HOWARD  
Address 11 TAHITI BEACH ISLAND ROAD  
City-State-Zip: CORAL GABLES FL 33143

Title PD  
Name SOCOL, SHARON  
Address 11 TAHITI BEACH ISLAND ROAD  
City-State-Zip: CORAL GABLES FL 33143

Title D  
Name SOCOL, RACHELLE  
Address 3725 FRANZ ROAD  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name SOCOL, CAREY  
Address 771 WEST END AVENUE #7A  
City-State-Zip: NEW YORK NY 10025

*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:** SHARON SOCOL

**PRESIDENT**

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date