

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000084769

**Entity Name:** CSG FAMILY MANAGEMENT INC.

**Current Principal Place of Business:**

113 ORCHID CAY DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

113 ORCHID CAY DRIVE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 99-0886678

**Certificate of Status Desired:** No

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

GORDON, CHARLENE S  
113 ORCHID CAY DRIVE  
PALM BEACH GARDENS, FL 33418 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            PRESIDENT, DIRECTOR  
Name            GORDON, CHARLENE S  
Address        113 ORCHID CAY DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP, DIRECTOR  
Name            GORDON, RANDALL J  
Address        18407 S. MARTIN  
City-State-Zip: HOMEWOOD IL 60430

Title            SECRETARY, DIRECTOR  
Name            MARKUS, JODY A  
Address        29 GRAYMOOR  
City-State-Zip: OLYMPIA FIELDS IL 60461

Title            TREASURER, DIRECTOR  
Name            SHAW, LAURIE S  
Address        130 EAST OAK, APT 23A  
City-State-Zip: CHICAGO FL 60611

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLENE S GORDON

**PRESIDENT**

**03/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date