

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

DOCUMENT# F97000005047

**Entity Name:** GORDON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1835 E. HALLANDALE BCH. BLVD.  
#483  
HALLANDALE, FL 33009

**Current Mailing Address:**

1835 E. HALLANDALE BCH. BLVD.  
#483  
HALLANDALE, FL 33009

**FEI Number:** 65-0708527

**Certificate of Status Desired:** No

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

STUDNIK, STACY  
C/O MELLON CRAIG NELSON  
350 EAST LAS OLAS BLVD., SUITE 1400  
FORT LAUDERDALE, FL 33301 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 P  
Name GORDON, GAIL  
Address 1835 E. HALLENDAL E BCH BLVD. #483  
City-State-Zip: HALLANDALE FL 33009

Title D  
Name GORDON, JASON  
Address 1835 E. HALLENDAL E BCH. BLVD.  
#483  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name STUDNIK, ASHLEY  
Address 1835 E. HALLANDALE BCH. BLVD.  
#483  
City-State-Zip: HALLANDALE FL 33009

Title D  
Name STUDNIK, STACY  
Address 1835 E. HALLENDAL E BCH. BLVD.  
#483  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name KRAMER, AMANDA  
Address 1835 E. HALLANDALE BCH. BLVD.  
#483  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name STUDNIK, ALEC  
Address 1835 E. HALLANDALE BCH. BLVD.  
#483  
City-State-Zip: HALLANDALE FL 33009

*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:** STACY STUDNIK

**DIRECTOR**

**04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date