

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90001 007 \*\*\*\*61.25

**DOCUMENT # 727371**

1. Entity Name  
**JEWISH COMMUNITY CENTER OF LEE COUNTY, INC**



Principal Place of Business  
702 SE 24 AVENUE  
CAPE CORAL, FL 33990

Mailing Address  
702 SE 24 AVENUE  
CAPE CORAL, FL 33990

**50025344**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07112006 Chg-NP CR2E037 (4/06)

4. FEI Number  
23-7368563 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOX, MORRIS B  
4020 DEL PRADO BLVD  
SUITE A-1  
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name  
**MARK A. HOROWITZ, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**1633 SE 47 Terrace**

City **Cape Coral** FL Zip Code **33904**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mark A. Horowitz*

(NOTE: Registered Agent signature required when reinstating)

**7-11-06**

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE T  
NAME TANENBAUM, ARTHUR DR  
STREET ADDRESS 2219 SAGRMORE PL  
CITY-ST-ZIP CAPE CORAL, FL 33914 ☒ Delete

TITLE VP  
NAME COHEN, BARON A  
STREET ADDRESS 14891 HOLE IN ONE CIR #108  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☒ Delete

TITLE PD  
NAME NUDEL, MARC  
STREET ADDRESS 402 SE 30TH TERR  
CITY-ST-ZIP CAPE CORAL, FL 33904 ☒ Delete

TITLE VP  
NAME FRANKEL, NANETTE  
STREET ADDRESS 1428 SW 10 PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☒ Delete

TITLE TRES  
NAME BARLOW, BARBARA R  
STREET ADDRESS 17906 COURTSIDE LANDINGS CIR  
CITY-ST-ZIP PUNTA GORDA, FL 33955 ☒ Delete

TITLE T  
NAME SCHWARTZ, ARNOLD  
STREET ADDRESS 1941 CIRINA DEL SIRE  
CITY-ST-ZIP NORTH FORT MYERS, FL 33917 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President  
NAME Harvey Jaffe ☐ Change ☒ Addition  
STREET ADDRESS 702 SE 24 AVE, CC, FL 33990

TITLE First Vice President  
NAME Stephen Hershfield ☐ Change ☒ Addition  
STREET ADDRESS 702 SE 24 AVE, CC, FL 33990

TITLE Second Vice President  
NAME Michael Levy ☐ Change ☒ Addition  
STREET ADDRESS 702 SE 24 AVE, CC, FL 33990

TITLE Treasurer  
NAME Nancy Cuneo ☐ Change ☒ Addition  
STREET ADDRESS 702 SE 24 AVE, CC, FL 33990

TITLE Secretary  
NAME Alan Weissman ☐ Change ☐ Addition  
STREET ADDRESS 702 SE 24 AVE, CC, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark A. Horowitz, President*

**7/11/06 239.560-0649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #