

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759606

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** MARTIN Z. MARGULIES FOUNDATION, INC.

**Current Principal Place of Business:**

445 GRAND BAY DRIVE  
SUITE PH1B  
KEY BISCAVNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

445 GRAND BAY DRIVE  
SUITE PH1B  
KEY BISCAVNE, FL 33149 US

**New Mailing Address:**

FEI Number: 59-2130476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIOTRKOWSKI, JOEL S ESQ.  
317 71ST STREET  
MIAMI BEACH, FL 33141 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MARGULIES, MARTIN Z.  
Address: 445 GRAND BAY DRIVE SUITE PH1B  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: D  
Name: GILMORE, RICHARD  
Address: 445 GRAND BAY DRIVE SUITE PH1B  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: SD  
Name: HINDS, KATHERINE  
Address: 445 GRAND BAY DRIVE SUITE PH1B  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: D  
Name: MARGULIES, DAVID  
Address: 445 GRAND BAY DRIVE, SUITE PH1B  
City-St-Zip: KEY BISCAVNE, FL 33149

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: MARTIN MARGULIES

PRES

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date