


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006626	
1. Entity Name THE GOLDSTEIN FAMILY FOUNDATION, INC.	

Principal Place of Business 10479 STONEBRIDGE BLVD. BOCA RATON, FL 33498	Mailing Address 10479 STONEBRIDGE BLVD. BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1045440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOLDSTEIN, SHELDON S
10479 STONEBRIDGE BLVD.
BOCA RATON, FL 33498**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, JEFFREY P TWO EXECUTIVE BLVD., SUITE 301 SUFFERN, NY 10901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RESNICK, ILONA R TWO EXECUTIVE BLVD., SUITE 301 SUFFERN, NY 10901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, SHELDON S 10479 STONEBRIDGE BLVD. BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CICCONI, JEANETTE TWO EXECUTIVE BLVD., SUITE 301 SUFFERN, NY 10901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/12/04-80016-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Jeanette Ciccone* 7/18/04 845-357-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone #
JEANETTE CICCONI