

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

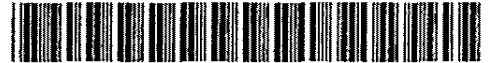
**DOCUMENT # N00000006721**

1. Entity Name  
**TABIN FAMILY FOUNDATION, INC.**



Principal Place of Business  
**3633 CARLTON PLACE  
BOCA RATON, FL 33496**

Mailing Address  
**3633 CARLTON PLACE  
BOCA RATON, FL 33496**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-1047172** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TABIN, MADELINE  
3633 CARLTON PLACE  
BOCA RATON, FL 33496**

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TABIN, HERBERT
STREET ADDRESS	3633 CARLTON PLACE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	TABIN, MADELINE
STREET ADDRESS	3633 CARLTON PLACE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	DERMER, ARTHUR R
STREET ADDRESS	7705 TRAVELERS TREE DRIVE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	PRATT, DAVID
STREET ADDRESS	2101 CORPORATE BOULEVARD #220
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**100000181357**  
**01/24/05-80170-019 61.25**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Madeline Tabin* **Madeline Tabin** **1/18/05** **561 999-9578**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #