


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000170

1. Entity Name
 NOREEN GORDON SABLITSKY FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business Mailing Address

4200 BISCAYNE BLVD 4200 BISCAYNE BLVD
 MIAMI, FL 33137 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 91-2106705 Not Applicable

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

6. Name and Address of Current Registered Agent

LANDE, STEPHEN C
 4200 BISCAYNE BLVD
 MIAMI, FL 33137

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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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIPOFF, NORMAN H
STREET ADDRESS	1221 BRICKELL AVENUE 21ST FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	BERNSTEIN, RICHARD
STREET ADDRESS	10220 SW 142ND STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	APPELROUTH, GAIL
STREET ADDRESS	8290 SW 114TH STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DS
NAME	LANDE, STEPHEN C
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	SABLITSKY, NOREEN GORDON
STREET ADDRESS	221 CASUARINA CONCOURSE
CITY-ST-ZIP	CORAL GABLES, FL 33143

U00000271923
 03/21/05-80062-025 70.00

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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)(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 info empowered.

SIGNATURE: Stephen C Lande 2/16/05 2K-86-823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #