

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 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



07072006 No Chg-NP CR2E037 (4/06)

4. FEI Number 91-2106705	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 September 6, 2006

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

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

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U00000570053
 07/13/06-80015-012 70.00

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: *Stephen C Lande* 7/7/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #