

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2007  
Secretary of State**

DOCUMENT# N01000000170

**Entity Name:** NOREEN GORDON SABLITSKY FAMILY SUPPORTING FOUNDATION, INC.

**Current Principal Place of Business:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 91-2106705      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LANDE, STEPHEN C  
4200 BISCAYNE BLVD  
MIAMI, FL 33137    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: D                    ( ) Delete  
Name: LIPOFF, NORMAN H  
Address: 1221 BRICKELL AVENUE 21ST FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: D                    ( ) Delete  
Name: BERNSTEIN, RICHARD  
Address: 10220 SW 142ND STREET  
City-St-Zip: MIAMI, FL 33176

Title: D                    ( ) Delete  
Name: APPELROUTH, GAIL  
Address: 8290 SW 114TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: D                    ( ) Delete  
Name: SOLOMON, JACOB  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: DS                    ( ) Delete  
Name: LANDE, STEPHEN C  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D                    ( ) Delete  
Name: SABLITSKY, NOREEN GORDON  
Address: 221 CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN C. LANDE

DS

04/20/2007

Electronic Signature of Signing Officer or Director

Date