


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

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005489**

1. Entity Name  
**THE COLODNY FAMILY FOUNDATION, INC.**



Principal Place of Business  
**6909 LAKE PLACE COURT  
 TAMPA, FL 33634**

Mailing Address  
**6909 LAKE PLACE COURT  
 TAMPA, FL 33634**

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**51-0419168**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLODNY, LEONARD  
 6909 LAKE PLACE COURT  
 TAMPA, FL 33634**

**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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	COLODNY, LEONARD
STREET ADDRESS	6909 LAKE PLACE COURT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	DVT
NAME	COLODNY, SANDRA
STREET ADDRESS	6909 LAKE PLACE COURT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	CARLSON, CHARLES A
STREET ADDRESS	601 BAYSHORE BLVD. #700
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	COLODNY, JOHN
STREET ADDRESS	10242 N.W. 47TH STREET #1
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D
NAME	COLODNY, ROBIN
STREET ADDRESS	1073 S.W. 112 TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	D
NAME	LOCKER, RAY
STREET ADDRESS	3405 1 STREET #2
CITY-ST-ZIP	SACRAMENTO, CA 95816

U00000256731  
 03/09/05-80025-017 70.00

**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)(i), 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:**  **3/9/2005** **813-888-5966**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**LEONARD I. COLODNY**