

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005489

FILED  
Feb 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6909 LAKE PLACE COURT  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

6909 LAKE PLACE COURT  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 51-0419168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLODNY, LEONARD  
6909 LAKE PLACE COURT  
TAMPA, FL 33634 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: DPS ( ) Delete  
Name: COLODNY, LEONARD  
Address: 6909 LAKE PLACE COURT  
City-St-Zip: TAMPA, FL 33634

Title: DVT ( ) Delete  
Name: COLODNY, SANDRA  
Address: 6909 LAKE PLACE COURT  
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete  
Name: CARLSON, CHARLES A  
Address: 601 BAYSHORE BLVD. #700  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: COLODNY, JOHN  
Address: 10242 N.W. 47TH STREET #1  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: COLODNY, ROBIN  
Address: 4001 N.W. 73RD WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: LOCKER, RAY  
Address: 5832 EDSON LANE  
City-St-Zip: ROCKVILLE, MD 20852 US

**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 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: LEONARD COLODNY

DPS

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date