

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90345 028 ****61.25

DOCUMENT # N03000009238

1. Entity Name
THE SYLVIA FOUNDATION, INC.



Principal Place of Business
**7789 CHARNEY LANE
BOCA RATON, FL 33496**

Mailing Address
**7789 CHARNEY LANE
BOCA RATON, FL 33496**

50038685



04072005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0330436

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TABACK, IVAN I. ESQ.
PROSKAUER ROSE LLP
2244 GLADES ROAD ONE BOCA PL STE 340
BOCA RATON, FL 33431-7383**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ITZLER, DANIEL**
STREET ADDRESS **7789 CHARNEY LANE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D** ☐ Delete
NAME **ITZLER, PETER**
STREET ADDRESS **920 S.E. EIGHTH STREET**
CITY-ST-ZIP **FT LAUDERDALE, FL 33316**

TITLE **D** ☐ Delete
NAME **DRUCKER, JANNA**
STREET ADDRESS **5029 N.W. 107TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE **D** ☐ Delete
NAME **LIBERMAN, JILL**
STREET ADDRESS **1220 PARKSIDE AVENUE**
CITY-ST-ZIP **BOCA RATON, FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Daniel Itzler **Daniel Itzler**

4/14/05

561 479-1897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #