

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90094 019 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-NP

CR2E037 (11/05)

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

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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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ITZLER, DANIEL
STREET ADDRESS	7789 CHARNEY LANE
CITY-ST-ZIP	BOCA RATON, FL 33496 (PL)
TITLE	D
NAME	ITZLER, PETER
STREET ADDRESS	920 S.E. EIGHTH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	D
NAME	DRUCKER, JANNA
STREET ADDRESS	5029 N.W. 107TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	LIBERMAN, JILL
STREET ADDRESS	1220 PARKSIDE AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Daniel Itzler* Daniel Itzler PRES.

Date

2/16/06

Daytime Phone #

561  
479-1897