2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # N03000009937

1. Entity Name

Principal Place of Business

BOCA RATON, FL 33431

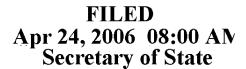
5201 NW 2ND AVE, APT PHP

MASHKIN FAMILY FOUNDATION, INC.



Mailing Address

5201 NW 2ND AVE, APT PHP BOCA RATON, FL 33431





DO NOT WRITE IN THIS SPACE

04132006 No Chg-NP CR2E037 (11/05)

5.	Certificate of Status Desired	\$8.75 A	
٠.	20-0432330		Not Applicable
4	FEI Number	1 16	Applied For

6. Name and Address of Current Registered Agent

MASKIN, KAREN B DR

DO NOT WRITE

5201 NW 2ND AVE, APT PHP BOCA RATON, FL 33431				IN THIS SPACE				
the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	ffice or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered Age	nt signaturi	required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution	, _□	\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P MASHKIN, KAREN B 5201 NW 2ND AVE, APT PHP BOCA RATON, FL 33431	CTORS	,	·	U00000532526 05/06/06-80088-004 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHUSTER, MARTY S 5901 CAMINO DEL SOL, #307 BOCA RATON, FL 33433							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, GAYLE 17216 HAMPTON BLVD BOCA RATON, FL 334963013			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
IZ. Thereby	certity that the information supplied with this	lling does not qualify for the exempt	ions co	named in Chapter 119	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.

s	lG	N,	ΔT	u	R	E:
v	. ~	1.42		J	, ,	

TED NAME OF SIGNING OFFICER OR DIRECTOR