
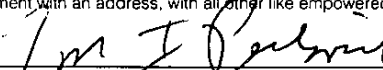


FILED
May 09, 2006 8:00 am
Secretary of State

[REDACTED]

DOCUMENT # N04000000646						Secretary of State 05-09-2006 90066 023 ****61.25	
1. Entity Name FLORIDA FAMILY OFFICE FORUM, INC.							
Principal Place of Business 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103				Mailing Address 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PERKOVICH, JOSEPH I 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103				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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D/S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERKOVICH, JOSEPH			NAME			
STREET ADDRESS	3001 TAMiami TRAIL NORTH SUITE 207			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete			TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUCK, ROBERT			NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD STE 2200			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	DVP <input checked="" type="checkbox"/> Delete			TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAY, LOIS			NAME	Susan Remmer Ryzewic		
STREET ADDRESS	5111 OCEAN BLVD SUITE C			STREET ADDRESS	5000 Sawgrass Village Circle, #2		
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	Ponte Verde Beach, FL 32082		
TITLE	D/P <input checked="" type="checkbox"/> Delete			TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MULLEN, ARNOLD			NAME	Mary Hackney		
STREET ADDRESS	1601 FORUM PLACE SUITE 905			STREET ADDRESS	404 Citation Point		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	Naples, FL 34104		
TITLE	D/T <input checked="" type="checkbox"/> Delete			TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DITTBENNER, EILEEN			NAME	Julie M. Bedard		
STREET ADDRESS	275 CLYDE MORRIS BLVD			STREET ADDRESS	One North Clematis St, Ste. 320		
CITY-ST-ZIP	ORMOND BEACH, FL 32174			CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				Secretary / Director 4/24/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			