

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000007302**

1. Entity Name

HILLEL OF BROWARD AND PALM BEACH, INC.



Principal Place of Business

777 GLADES ROAD  
BUILDING LY-3A  
BOCA RATON, FL 33431

Mailing Address

777 GLADES ROAD  
LY-3A  
BOCA RATON, FL 33431



04042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2472825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DINER, DARIN D  
777 GLADES ROAD  
BUILDING LY-3A  
BOCA RATON, FL 33431

**DO NOT WRITE  
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 reinstating)

DATE

5/1/2008

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000950902  
06/04/08-80010-016 61.25

10. OFFICERS AND DIRECTORS

TITLE D  
NAME STERN, HENRY J  
STREET ADDRESS 10631 STONEBRIDGE BLVD  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE D  
NAME ROBINS, ANDREW S  
STREET ADDRESS 3225 ST. JAMES DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D  
NAME ROBINS, DONNA  
STREET ADDRESS 3225 ST. JAMES DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D  
NAME LEVINE, ABNER  
STREET ADDRESS 16858 RIVER BIRCH CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE S  
NAME DINER, DARIN M  
STREET ADDRESS 777 GLADES ROAD, LY-3A  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME SOLOMON, SHIRLEY  
STREET ADDRESS 7858 AFTON VILLA COURT  
CITY-ST-ZIP BOCA RATON, FL 33433

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2008

561 297 4100