2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000010933

Entity Name: FLA FOUNDATION, INC.

Current Principal Place of Business:

501 SEABREEZE BLVD
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

501 SEABREEZE BLVD
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-4010671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENBAUM, RICHARD L ESQ
200 E LAS OLAS BLVD
SUITE 1700
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DILLON, MICHAEL D MR	
Address:	501 SEABREEZE BLVD	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	P	( ) Delete
Name:	NICHOLS, ROBERT G ESQ	
Address:	501 SEABREEZE BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:	VP	( ) Delete
Name:	BUCHAN, DOUGLAS	
Address:	501 SEABREEZE BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:	TR	(X) Delete
Name:	MARVIN, STUART	
Address:	501 SEABREEZE BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:	D	( ) Delete
Name:	MITCHELL, ANITA	
Address:	501 SEABREEZE BLVD	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:	D	( ) Delete
Name:	BLAVATNIK, ALEX	
Address:	501 SEABREEZE BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33316	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DUFFY DILLON D 04/28/2009

Electronic Signature of Signing Officer or Director — Date