

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006349

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** THE SEIDMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

6734 NEWPORT LAKES CIRCLE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

6734 NEWPORT LAKES CIRCLE  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 26-0202846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEIDMAN, HARRY  
6734 NEWPORT LAKES CIRCLE  
BOCA RATON, FL 33496 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: DPT  
Name: SEIDMAN, HARRY  
Address: 6734 NEWPORT LAKES CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: DSVP  
Name: SEIDMAN, AMY  
Address: 6734 NEWPORT LAKES CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: D  
Name: SEIDMAN, NICOLE  
Address: 6734 NEWPORT LAKES CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

I hereby 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 all other like empowered.

SIGNATURE: AMY SEIDMAN

DSVP

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date