2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N07000010820

Entity Name: LYNN FENSTER SMITH PRIVATE FOUNDATION, INC.

Current Principal Place of Business:

2400 NORTH ATLANTIC BOULEVARD
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

2400 NORTH ATLANTIC BOULEVARD
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 26-1374976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZGERALD, SAMANTHA ESQ
100 SE 3RD AVENUE, SUITE 1100
FORT LAUDERDALE, FL 33394 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:	FENSTER SMITH, LYNN	
Address:	2400 NORTH ATLANTIC BOULEVARD	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	D	( ) Delete
Name:	FENSTER, JEFFREY	
Address:	8751 WEST BROWARD BLVD., STE. 307	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	DICOWDEN, MARIE DR	
Address:	2785 NE 183RD STREET	
City-St-Zip:	AVENTURA, FL 33160	
Title:	D	( ) Delete
Name:	COOPER, STUART	
Address:	511 NE 94TH STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	

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:	

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: LYNN FENSTER SMITH D 04/21/2008

Electronic Signature of Signing Officer or Director — Date