

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N13623

1. Entity Name
WILLIAM ROSENBERG FAMILY FOUNDATION, INC.



Principal Place of Business
**2424 N FEDERAL HWY
STE 455
BOCA RATON, FL 33431 US**

Mailing Address
**2424 N FEDERAL HWY
STE 455
BOCA RATON, FL 33431 US**



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2675613

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSENBERG, ANN M
2424 N FEDERAL HWY
STE 455
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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000706795
04/24/07-80048-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	RYAN, CAROLYN
STREET ADDRESS	1286 IMPERIA DRIVE
CITY-ST-ZIP	HENDERSON, NV 89052
TITLE	DT
NAME	ROSENBERG, DONALD
STREET ADDRESS	198 WINDING RD.
CITY-ST-ZIP	WELLESLEY, MA 02181
TITLE	PDT
NAME	ROSENBERG, ANN
STREET ADDRESS	2424 N FEDERAL HWY STE 455
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	SIVLERSTEIN, CAROL
STREET ADDRESS	3100 S. OCEAN BLVD., 201 SOUTH
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DT
NAME	ROSENBERG, JAMES
STREET ADDRESS	35 CANDLEBERRY LANE
CITY-ST-ZIP	WESTON, MA 02193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Ann M. Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07
Date

561-416-7096
Daytime Phone #