

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17830

FILED
Jul 17, 2009
Secretary of State

Entity Name: THE GLANTZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4489 LUXEMBORG CT
101
LAKEWORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

100 SMITH RANCH RD
116
SAN RAFAEL, CA 94903

New Mailing Address:

930 TAHOE BLVD
UNIT 802
INCLINE VILLAGE, NV 89451

FEI Number: 59-2789071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEFRAK, JOSEPH
4489 LUXEMBORG CT
#101
LAKE WORTH, FL 33467 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: PD () Delete
Name: GLANTZ, RICHARD
Address: 100 SMITH RANCH ROAD #116
City-St-Zip: SAN RAFAEL, CA 94903

Title: SD () Delete
Name: GLANTZ, THELMA
Address: 4489 LUXEMBORG CT
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: OSTRIN, JERALD
Address: 3535 FILMORE ST., #302
City-St-Zip: SAN FRANCISCO, CA 94123

Title: VD () Delete
Name: OSTRIN, ELAINE
Address: 100 SMITH RANCH ROAD #116
City-St-Zip: SAN RAFAEL, CA 94903

Title: D () Delete
Name: LEFRAK, JOSEPH
Address: 4489 LUXEMBORG CT #101
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: GLANTZ, THELMA
Address: 4489 LUXEMBORG CT
City-St-Zip: LAKE WORTH, FL 33467

Title: TD (X) Change () Addition
Name: OSTRIN, SCOTT
Address: 3785 LONGWOOD AVE
City-St-Zip: BOULDER, CO 80305

Title: VD (X) Change () Addition
Name: OSTRIN, ELAINE
Address: 930 TAHOE BLVD, UNIT 802
City-St-Zip: INCLINE VILLAGE, NV 89451

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: JOSEPH LEFRAK

D

07/17/2009

Electronic Signature of Signing Officer or Director

Date