

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N26154

1. Entity Name  
THE FUTERNICK FAMILY FOUNDATION, INC.



Principal Place of Business  
STEPHEN C. LANDE  
4200 BISCAYNE BLVD  
MIAMI, FL 33137 US

Mailing Address  
STEPHEN C. LANDE  
4200 BISCAYNE BLVD.  
MIAMI, FL 33137 US



02042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0078657

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LANDE, STEPHEN C  
4200 BISCAYNE BLVD.  
MIAMI, FL 33137

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LIPOFF, NORMAN H
STREET ADDRESS	1221 BRICKELL AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	DP
NAME	FUTERNICK, MORRIS
STREET ADDRESS	2 GROVE ISLE DR APT 1509
CITY - ST - ZIP	COCONUT GROVE, FL
TITLE	D
NAME	FUTERNICK, LEE
STREET ADDRESS	2 GROVE ISLE DR APT 1509
CITY - ST - ZIP	COCONUT GROVE, FL
TITLE	D
NAME	NEWMAN, GAIL
STREET ADDRESS	11 ISLAND AVE APT 1604
CITY - ST - ZIP	MIAMI BEACH, FL
TITLE	DC
NAME	FUTERNECK, CATHIE F
STREET ADDRESS	2 GROVE ISLE DR. APT 1509
CITY - ST - ZIP	COCONUT GROVE, FL
TITLE	DVP
NAME	FUTERNICK, MIKKI
STREET ADDRESS	2 GROVE ISLE DR. #1509
CITY - ST - ZIP	MIAMI, FL

U00000263703  
03/14/05-80108-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 full power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/05

786-866-8623