

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40590

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

12000 BISCAYNE BLVD., #217  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12000 BISCAYNE BLVD., #217  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 65-6061448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESS, LEWIS M  
12000 BISCAYNE BLVD., #217  
NORTH MIAMI, FL 33181 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: TD  
Name: RESS, LEWIS M  
Address: 2600 ISLAND BLVD., APT. 2901  
City-St-Zip: AVENTURA, FL 33160

Title: SD  
Name: RESS, ESTA B  
Address: 2600 ISLAND BLVD., APT. 2901  
City-St-Zip: AVENTURA, FL 33160

Title: CD  
Name: RESS, ANDREW M M.D.  
Address: 2600 ISLAND BLVD., APT. 2901  
City-St-Zip: AVENTURA, FL 33160

Title: PD  
Name: RESS, BRADFORD D  
Address: 2600 ISLAND BLVD., APT. 2901  
City-St-Zip: AVENTURA, FL

Title: V  
Name: RESS, ELVIRA A  
Address: 2600 ISLAND BLVD., APT. 2901  
City-St-Zip: AVENTURA, FL 33160

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:** LEWIS M. RESS

TD

01/17/2011

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

\_\_\_\_\_  
Date