

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                       |                                                                                     |                                                                            |                                                                                                                                                                         |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # N41408</b><br>1. Entity Name<br><b>DAVID N. ROSNER CHARITABLE FOUNDATION, INC.</b>                                                                                                                              |                                                                       |                                                                                     |                                                                            |                                                                                        |                                                              |
| Principal Place of Business<br><b>2599 NW 63RD LANE<br/>BOCA RATON FL 33496<br/>US</b>                                                                                                                                        |                                                                       |                                                                                     | Mailing Address<br><b>2599 NW 63RD LANE<br/>BOCA RATON FL 33496<br/>US</b> |                                                                                                                                                                         |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                       |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                  |                                                                                                                                                                         |                                                              |
| City & State                                                                                                                                                                                                                  |                                                                       |                                                                                     | City & State                                                               |                                                                                                                                                                         |                                                              |
| Zip                                                                                                                                                                                                                           |                                                                       | Country                                                                             |                                                                            | 4. FEI Number<br><b>65-0250584</b>                                                                                                                                      |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                               |                                                                       |                                                                                     |                                                                            | Applied For<br>Not Applicable                                                                                                                                           |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>ROSNER, DAVID N.<br/>2599 NW 63RD LANE<br/>BOCA RATON FL 33496</b>                                                                                                  |                                                                       |                                                                                     |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>                                               |                                                                       |                                                                                     |                                                                            |                                                                                                                                                                         |                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                        |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                            | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                      |                                                              |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                      |                                                                       |                                                                                     |                                                                            |                                                                                                                                                                         |                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                       |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |                                                                                                                                                                         |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | DPS<br>ROSNER, DAVID N.<br>2599 N.W. 63RD LANE<br>BOCA RATON FL 33496 | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | T<br>ROSNER, DAVID N.<br>2599 N.W. 63RD LANE<br>BOCA RATON FL 33496   | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>SIMON, RICHARD<br>19707 TURNBERRY WAY<br>AVENTURA FL 33180       | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>ROSNER, BONNIE<br>2599 N.W. 63RD LANE<br>BOCA RATON FL 33496     | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <br>                                                                  | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <br>                                                                  | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0250584**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DPS                 | <input type="checkbox"/> Delete |
| NAME           | ROSNER, DAVID N.    |                                 |
| STREET ADDRESS | 2599 N.W. 63RD LANE |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33496 |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | ROSNER, DAVID N.    |                                 |
| STREET ADDRESS | 2599 N.W. 63RD LANE |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33496 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | SIMON, RICHARD      |                                 |
| STREET ADDRESS | 19707 TURNBERRY WAY |                                 |
| CITY-ST-ZIP    | AVENTURA FL 33180   |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | ROSNER, BONNIE      |                                 |
| STREET ADDRESS | 2599 N.W. 63RD LANE |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33496 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                          |                                                              |
|----------------|--------------------------|--------------------------------------------------------------|
| TITLE          | NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS | 000000412679             |                                                              |
| CITY-ST-ZIP    | 02/10/06-80056-021 61.25 |                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                          |                                                              |
| STREET ADDRESS |                          |                                                              |
| CITY-ST-ZIP    |                          |                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                          |                                                              |
| STREET ADDRESS |                          |                                                              |
| CITY-ST-ZIP    |                          |                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                          |                                                              |
| STREET ADDRESS |                          |                                                              |
| CITY-ST-ZIP    |                          |                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *David N Rosner Director* 1/24/06 561-241-350