## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N46716

(9)

SIMON FAMILY FOLINDATION INC.

FILED Mar 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
Principal Place	e or Business	Mailing Address						
2500 EAST HALLANDALE BEACH BLVD. 2500 EAST HALLANDALE BI SUITE 500 SUITE 500			IEACH BLVD.		3. Date Incorporated or Qualified			
HALLANDALE FL 33009 HALLANDALE FL 33009					12/23/1991	<del></del>		
					4. FEI Number			plied For
9 Delmain at D	land of Durahama	2a. Mailing Address			59-3097952			t Applicable
21 1550 NE Quayside Terr 26 15		26 1550 NE Q1	1550 NE Quayside Terr		5. Certificate of Status Desired		\$8.75 / Fee Re	
Suite, Apt.	#, etc.	Suite. Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution		\$5.00 f	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?				
Zip Country		Zip Country		Yes No				
24 33009 25 USA		<sup>29</sup> 33009	- 33000 ·-		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	jistered Ag	ent	
			81	Name				
SIMON, CHARLES				Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
1550 N.E. QUAYSIDE TERR								
SUITE 50	00		83					
MIAMI FL	. 33009		84	City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statut	es, the above	a-named corp	oration submits this statement for the p		hanging it	s registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was a	authorized by	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	t the appoir	ntment as	registered
	m tamiliar with, and accept the obligati	ons or, section o 17.0003, Fig	U IOA SIAIUIES	),				
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		_	
TITLE	D	☐ DELETE	1.1 TITLE			L	_ Change	Addition
NAME	SIMON, CHARLES		1.2 NAME					
STREET ADDRESS	1550 N.E. QUAYSIDE TERR		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		10	
TITLE	<u></u>		2.1 TITLE			L	Change	Addition
NAME	SIMON, SANDRA		2.2 NAME	1				
STREET ADDRESS	1550 N.E. QUAYSIDE TERR		2.3 STREET					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - S	ST-ZIP			Change	Addition
TITLE	DS CHAON DONALD	☐ DELĒTĒ	3.1 TITLE	1		L.	1 Ameniño	
NAME OTREET ABODESS			3.2 NAME	ADDRESS				
STREET ADDRESS	FT. LAUDERDALE FL		3.3 STREET					
CITY-ST-ZIP TITLE	1 1. LAUDENDALE FL	DELETE	3.4. CITY - S 4.1 TITLE	) - LIF			Change	Addition
NAME			4.2 NAME			_		<del>_</del>
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			L	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP	$\wedge$		6.4 CITY - S	T-ZIP				

Thereby 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 annual report or suppliemental arrhual 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 of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by on an attachment with an address.

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