2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002369

1. Entity Name
THE HARRIET AND THEODORE OXMAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
340 S. PALM AVE #15 SARASOTA, FL 34236 US	340 S. PALM AVE #15 SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0412800

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OXMAN, THEODORE
340 S. PALM AVE APT 15
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	OXMAN, THEODORE
STREET ADDRESS	340 S. PALM AVE # 15
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DVS
NAME	OXMAN, HARRIET
STREET ADDRESS	340 S. PALM AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	BAND, DAVID S
STREET ADDRESS	240 S. PINEAPPLE AVE., 10TH FLOOR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/06-80021-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Theodore Oxman THEODORE OXMAN 2/6/06 941 955-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #