

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003897	
1. Entity Name MORTON AND MILDRED NYMAN FAMILY FOUNDATION, INC.	

Principal Place of Business BAL HARBOUR TOWER 9999 COLLINS AVE APT 20H MIAMI BEACH, FL 33154	Mailing Address BAL HARBOUR TOWER 9999 COLLINS AVE APT 20H MIAMI BEACH, FL 33154
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0436716	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NYMAN, MORTON 9999 COLLINS AVE SUITE 20H MIAMI BEACH, FL 33154
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

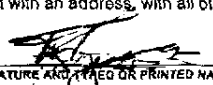
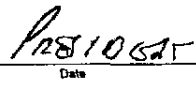
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000447856
03/08/06-80075-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORTON NYMAN, 9999 COLLINS AVE. APT. 20 H MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MILDRED NYMAN, 9999 COLLINS AVE / APT 20H MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NYMAN, MICHAEL 200 E LAS OLAS BLVD #1480 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NYMAN, RONALD 200 E LAS OLAS BLVD #1480 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **MORTON NYMAN**  **12/06**
SIGNATURE AND ATTACHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #