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	Mailing Address
BAL HARBOUR TOWER 9999 COLLINS AVE APT 20H MIAMI BEACH, FL 33154	BAL HARBOUR TOWER 9999 COLLINS AVE APT 20H MIAMI BEACH, FL 33154

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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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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

000000447856
03/08/06-80075-006 61.25

10. OFFICERS AND DIRECTORS

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

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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: _____ Morton Nyman 2/18/06 1/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #