

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 032 ****61.25

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**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 1133 S. UNIVERSITY DR.
CITY-ST-ZIP	FT LAUDERDALE, FL STE 212 PLANTATION, FL 33324
TITLE	D
NAME	NYMAN, RONALD
STREET ADDRESS	200 E LAS OLAS BLVD #1480 9999 COLLINS AVE
CITY-ST-ZIP	FT LAUDERDALE, FL APT 20H MIAMI BEACH, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

Date

Daytime Phone #