

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 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**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

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

U000000307283
05/05/08-80032-006 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORTON NYMAN,
STREET ADDRESS 9999 COLLINS AVE. APT. 20 H
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE VPD
NAME MILDRED NYMAN,
STREET ADDRESS 9999 COLLINS AVE / APT 20H
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE D
NAME NYMAN, MICHAEL
STREET ADDRESS 1133 S. UNIVERSITY DR STE 212
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

TITLE D
NAME NYMAN, RONALD
STREET ADDRESS 9999 COLLINS AVE APT 20H
CITY-ST-ZIP 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

Date

Daytime Phone #

CRA

4-15-08