2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N93000003897

Entity Name: MORTON AND MILDRED NYMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0436716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NYMAN, MORTON
9999 COLLINS AVE
SUITE 20H
MIAMI BEACH, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MORTON MYMAN,	
Address:	9999 COLLINS AVE. APT. 20 H	
City-St-Zip:	MIAMI BEACH, FL 33154	
Title:	VPD	( ) Delete
Name:	MILDRED MYMAN,	
Address:	9999 COLLINS AVE / APT 20H	
City-St-Zip:	MIAMI BEACH, FL 33154	
Title:	D	( ) Delete
Name:	NYMAN, MICHAEL	
Address:	1133 S. UNIVERSITY DR STE 212	
City-St-Zip:	FORT LAUDERDALE, FL 33324	
Title:	D	( ) Delete
Name:	NYMAN, RONALD	
Address:	9999 COLLINS AVE APT 20H	
City-St-Zip:	MIAMI BEACH, FL 33154	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORTON NYMAN PD 01/08/2009

Electronic Signature of Signing Officer or Director — Date