


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002465

1. Entity Name
CHARLES S. AND SYLVIA WILLNER FAMILY FOUNDATION, INC.



Principal Place of Business 19333 W COUNTRY CLUB DR. APT. #1203 MIAMI, FL 33180-2536	Mailing Address 19333 W COUNTRY CLUB DR. APT. #1203 MIAMI, FL 33180-2536
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0530785	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FISHER, MICHAEL
 13154 SPRING LAKE DR.
 FORT LAUDERDALE, FL 33330**

DO NOT WRITE 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 _____ 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, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTM WILLNER, SYLVIA 19333 W COUNTRY CLUB DR., #1203 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLNER, MORRIS 19333 W COUNTRY CLUB DR., #1203 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLNER, GEORGE 19333 W COUNTRY CLUB DR., #1203 AVENTURA, FL 33180
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 02/18/05-80096-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sylvia Willner Sylvia Willner 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #