

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 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**



01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0530785** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE: PTM
 NAME: WILLNER, SYLVIA
 STREET ADDRESS: 19333 W COUNTRY CLUB DR., #1203
 CITY-ST-ZIP: AVENTURA, FL 33180

TITLE: D
 NAME: WILLNER, MORRIS
 STREET ADDRESS: 19333 W COUNTRY CLUB DR., #1203
 CITY-ST-ZIP: AVENTURA, FL 33180

TITLE: D
 NAME: WILLNER, GEORGE
 STREET ADDRESS: 19333 W COUNTRY CLUB DR., #1203
 CITY-ST-ZIP: AVENTURA, FL 33180

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 03/07/06-80015-017 61.25

DO NOT WRITE 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: Sylvia Willner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06
 Date

Daytime Phone #