

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

**FILED**  
**Feb 22, 2007 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**



02152007 No Chg-NP

CR2E037 (4/06)

**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**

**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 \_\_\_\_\_

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  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000643899  
03/02/07-80020-021 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

President

Date

2/18/07

Daytime Phone #