

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002465

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

19500 TURNBERRY WAY
SUITE 11-A
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19500 TURNBERRY WAY
SUITE 11-A
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0530785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FISHER, MICHAEL
1675 N MILITARY TRAIL 5TH FLOOR
BOCA RATON, FL 33486 US

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: _____ 03/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTM () Delete
Name: WILLNER, SYLVIA
Address: 19500 TURNBERRY WAY, SUITE 11-A
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: WILLNER, MORRIS
Address: 19500 TURNBERRY WAY, SUITE 11-A
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: WILLNER, GEORGE
Address: 19500 TURNBERRY WAY, SUITE 11-A
City-St-Zip: AVENTURA, FL 33180

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:

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: MORRIS WILLNER _____ D 03/20/2009
Electronic Signature of Signing Officer or Director Date