

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000002993 1. Entity Name THE BANKATLANTIC FOUNDATION, INC.	
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Principal Place of Business 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	Mailing Address 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309
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04022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0499150	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVAN-MARGOLIS, SHELLEY 2100 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000413423 05/08/08-80031-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEVAN, ALAN B 2100 WEST CYPRESS CREEK RD FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SARRICA, LEWIS 2100 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED LEVAN MARGOLIS, SHELLEY 2100 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Shelley Levan Margolis* **4/8/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #