

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004606**

1. Entity Name  
**THE CLIFFORD AND JILL VINER FAMILY FOUNDATION,  
INC.**



Principal Place of Business  
**5052 SANCTUARY LANE  
BOCA RATON, FL 33431**

Mailing Address  
**5052 SANCTUARY LANE  
BOCA RATON, FL 33431**



01062006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0624896**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**DEUTCH, JEFFREY A  
7777 GLADES ROAD  
SUITE 300  
BOCA RATON, FL 33434**

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	VINER, CLIFFORD A
STREET ADDRESS	5052 SANCTUARY LANE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	VINER, JILL
STREET ADDRESS	5052 SANCTUARY LANE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	DEUTCH, JEFFREY A
STREET ADDRESS	7777 GLADES ROAD SUITE 300
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000381719  
01/11/06-80067-003 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jill Viner* 1/6/06