

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N95000006025

1. Entity Name

HOLLANDER BROTHERS FOUNDATION, INC.



Principal Place of Business

3109 STIRLING ROAD
SUITE 200
FORT LAUDERDALE, FL 33312

Mailing Address

3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE, FL 33112



01082007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0632111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOLLANDER, WALTER J
3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE, FL 33112

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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

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	D
NAME	HOLLANDER, WALTER J
STREET ADDRESS	3109 STIRLING RD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33112
TITLE	D
NAME	ACKERMAN, MELISSA
STREET ADDRESS	3109 STIRLING RD.#200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33112
TITLE	D
NAME	ABRAHAM, RONALD D
STREET ADDRESS	2699 STIRLING RD. SUITE B-100
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALTER J. HOLLANDER, Dir 2-2007 (954) 962-9720