2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000000135

1. Entity Name

THE ALBERT AND LIN BILDNER FOUNDATION, INC.



Principal Place of Business

2500 N MILITARY TRAIL

SUITE 480 BOCA RATON, FL 33431

US

Mailing Address

2500 N MILITARY TRAIL

SUITE 480

BOCA RATON, FL 33431 US

FILED Jan 28, 2004 08:00 AM Secretary of State



01122004 No Chg-NP

CR2E037 (10/03)

4.	FEI Number
	65-0633272

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	φf	Current	Registered	Agent

BDB AGENT CO 2500 N MILITARY TRAIL SUITE 480 BOCA RATON, FL 33431

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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, 2004	9. Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	J00000016730 01/28/04-80066-021 61.25			
10.	ÖFFICERS AND DIRE	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BILDNER, ALBERT 880 FIFTH AVE. NEW YORK, NY 11021			-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BILDNER, ERILINDA I 880 FIFTH AVE. NEW YORK, NY 11021							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILUSORIO, ANGELA 880 FIFITH AVE. NEW YORK, NY 11021		•	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby	certify that the information supplied with this f	iling does not qualify for the exen	nption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath, 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

SCHATURE AND TYPED OF PRINTED MAKE OF SIGNING OFFICER OF DIRECTOR

DNER 561-36

Daytime Phone #