


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000006542		
1. Entity Name BERNICE ORKIN KAYE FAMILY FOUNDATION, INC.		
Principal Place of Business 201 S BISCAYNE BLVD SUITE 1600 MIAMI, FL 33131	Mailing Address 201 S BISCAYNE BLVD SUITE 1600 MIAMI, FL 33131	



07052006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0731909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

NOSTRO, LOUIS  
728 CATONONIA AVE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
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 *Louis Nostro*

7/20/06

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORKIN, SANFORD H 3414 PEACHTRE RD NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, STUART 1556 SERENITY CIRCLE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, ARLENE 6586 DANIEL CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000571779  
07/25/06-80001-004 70.00

**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: *Arlene K Silver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06

Date

239-481-4245

Daytime Phone #