


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000003216</b>	
1. Entity Name <b>ISABEL AND JOSEPH H. DAVIDSON FOUNDATION, INC.</b>	

Principal Place of Business <b>C/O SULZBERGER &amp; SULZBERGER 1090 KANE CONCOURSE, STE. 201 BAY HARBOR ISLAND, FL 33154</b>	Mailing Address <b>C/O GERSON &amp; PRESTON 666 SEVENTY-FIRST STREET MIAMI BEACH, FL 33141</b>
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**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0920970</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SULZBERGER, ERIC W 1090 KANE CONCOURSE BAY HARBOR ISLAND, FL 33154</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIDSON, JOSEPH H 1090 KANE CONCOURSE, STE 201 BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DAVIDSON, ISABEL 1090 KANE CONCOURSE, STE 201 BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULTACK, JOELLEN 5500 COLLINS AVE #1702 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSKIN, CANDACE 5500 COLLINS AVE #1702 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000284004  
04/01/05-80050-009 61.25

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 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 817, 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:** Joseph H. Davidson 13/22/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #