

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

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90116 035 ***150.00

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1. Entity Name

ISABEL AND JOSEPH H. DAVIDSON FOUNDATION, INC.



Principal Place of Business

C/O SULZBERGER & SULZBERGER
1090 KANE CONCOURSE, STE. 201
BAY HARBOR ISLAND, FL 33154

Mailing Address

C/O GERSON & PRESTON
666 SEVENTY-FIRST STREET
MIAMI BEACH, FL 33141



01312006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SULZBERGER, ERIC W
1090 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154

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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 \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
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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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 #