

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003216	
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



DO NOT WRITE IN THIS SPACE

02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0920970	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

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

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ISLANDS, 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 RUSKIN, CANDACE 5500 COLLINS AVE #1702 MIAMI BEACH, FL 33140
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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02/20/08-80089-019 61.25

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph H. Davidson
2-7-08 305-868-3600
Date Daytime Phone #