

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011162

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC6545011738**

**Entity Name:** THE FRIEDLANDER CORPORATION

**Current Principal Place of Business:**

7207 TRADITION COVE LN W  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

7207 TRADITION COVE LN W  
WEST PALM BEACH, FL 33412 US

**FEI Number: 27-4193789**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NOLL, GREG  
209 E. TALL OAKS CIRCLE  
PALM BEACH GARDENS, FL 33410 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name FREIDLANDER, BURTON G  
Address 7207 TRADITION COVE LN W  
City-State-Zip: WEST PALM BEACH FL 33412

Title D  
Name NOLL, GREG  
Address 209 E. TALL OAKS CIR.  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name BRAY, DON  
Address 300 GOLFVIEW RD., APT. 201  
City-State-Zip: NORTH PALM BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GREG NOLL**

**DIRECTOR**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date