

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

DOCUMENT# N96000002222

**Entity Name:** FLORMAN FAMILY FOUNDATION, INC.

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC6741842631**

**Current Principal Place of Business:**

1172 S. DIXIE HWY  
SUITE 497  
CORAL GABLES, FL 33146

**Current Mailing Address:**

401 EAST LAS OLAS BOULEVARD  
2200  
FORT LAUDERDALE, FL 33301

**FEI Number: 65-0662182**

**Certificate of Status Desired: No**

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

PUCK, ROBERT J  
401 E. LAS OLAS BLVD  
2200  
FORT LAUDERDALE, FL 33301 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 FLORMAN, NEIL  
Address 461 POINCIANA ISLAND DR #1525  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name PUCK, ROBERT J  
Address 401 E. LAS OLAS BLVD. STE. 2200  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name BLANK, MARK  
Address 1172 S. DIXIE HWY, STE 497  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name MARCIANO, SHELLEY  
Address 360 SW 74 TERR.  
City-State-Zip: PLANTATION FL 33317

*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: SHELLEY MARCIANO**

**TREASURER**

**01/06/2015**

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

\_\_\_\_\_  
Date