



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90038 036 \*\*\*\*61.25

<b>DOCUMENT # N93000000412</b>					
<b>1. Entity Name</b> SWEDISH WOMEN'S EDUCATIONAL ASSOCIATION INTERNATIONAL, INC., SOUTH FLORIDA CHAPTER					
<b>Principal Place of Business</b> 12142 ROMA RD BOYNTON BEACH, FL 33437 US			<b>Mailing Address</b> 12142 ROMA RD BOYNTON BEACH, FL 33437 US		
<b>2. Principal Place of Business</b> 3605 S. OCEAN BLVD Suite, Apt. #, etc. 334		<b>3. Mailing Address</b> 3605 S. OCEAN BLVD Suite, Apt. #, etc. 334			
City & State PALM BEACH, FL		City & State PALM BEACH, FL		<b>4. FEI Number</b> 65-0413919	
Zip 33480		Country US		City PALM BEACH	
Zip 33480		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SVENSSON, KAREN 12142 ROMA RD BOYNTON BEACH, FL 33437				<b>7. Name and Address of New Registered Agent</b> Name: SVENSSON, KARIN Street Address (P.O. Box Number is Not Acceptable): 3605 S. OCEAN BLVD #334 City: PALM BEACH FL Zip Code: 33480	
<b>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.</b>					
SIGNATURE: <i>Karin Svensson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 1/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: VD <input checked="" type="checkbox"/> Delete NAME: DAN, CECILIA STREET ADDRESS: 3098 NW 27TH TERR CITY-ST-ZIP: BOCA RATON, FL 33433	TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: EVA DECASTELLI STREET ADDRESS: 5181 NW 105 CT CITY-ST-ZIP: MIAMI FL 33178				
TITLE: PD <input type="checkbox"/> Delete NAME: LEITONHUFUUD, FILIPPA STREET ADDRESS: 5900 SW 18TH ST. CITY-ST-ZIP: FORT LAUDERDALE, FL 33317	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:				
TITLE: SD <input type="checkbox"/> Delete NAME: KEUSELL, ANETTE STREET ADDRESS: 450 NW 9TH ST CITY-ST-ZIP: DELRAY BEACH, FL 33444	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:				
TITLE: D <input type="checkbox"/> Delete NAME: HELLSTEN, ASA STREET ADDRESS: 10501 NW 18 CT CITY-ST-ZIP: FORT LAUDERDALE, FL 33322	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:				
TITLE: D <input checked="" type="checkbox"/> Delete NAME: CANNON, CHRISTINE STREET ADDRESS: 25 NW 8TH ST CITY-ST-ZIP: DELRAY BEACH, FL 33444	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: SUSAN KORFF STREET ADDRESS: 3468 SW 175 AVE CITY-ST-ZIP: MIRAMAR FL 33029				
TITLE: TD <input type="checkbox"/> Delete NAME: SVENSSON, KAREN STREET ADDRESS: 12142 ROMA RD CITY-ST-ZIP: BOYNTON BEACH, FL 33437	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SVENSSON, KARIN STREET ADDRESS: 3605 S. OCEAN BLV #334 CITY-ST-ZIP: PALM BEACH, FL 33480				
<b>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.</b>					
SIGNATURE: <i>Karin Svensson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 1/28/06 Daytime Phone #: 561-7158504	