

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 20, 2004
Secretary of State**

DOCUMENT# N97000003395

Entity Name: THE TOPPEL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7900 GLADES ROAD STE 420
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

7900 GLADES ROAD STE 420
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 23-7050394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPPEL, HAROLD
7900 GLADES ROAD STE 420
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOPPEL, PATRICIA
Address: 7900 GLADES ROAD STE 420
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: TOPPEL, JONATHAN
Address: 7900 GLADES ROAD STE 420
City-St-Zip: BOCA RATON, FL 33434

Title: S () Delete
Name: SAUER, SHERI
Address: 7900 GLADES ROAD STE 420
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: TOPPEL, HAROLD
Address: 7900 GLADES ROAD STE 420
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: TOPPEL, BROOKE
Address: 7900 GLADES ROAD STE 420
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: TOPPEL, JEFFREY
Address: 7900 GLADES ROAD STE 420
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERI SAUER

S

02/20/2004

Electronic Signature of Signing Officer or Director

_____ Date

ABRAHAM ZALEZNIK
7900 GLADES RD STE 420
BOCA RATON, FL 33434

JENNIFER TOPPEL SAWYER, DIRECTOR
7900 GLADES RD STE 420
BOCA RATON, FL 33434