


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90066 025 ****61.28

DOCUMENT # N97000003395			
1. Entity Name THE TOPPEL FAMILY FOUNDATION, INC.			
Principal Place of Business 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434		Mailing Address 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434	
2. Principal Place of Business 7900 Glades Rd.		3. Mailing Address 7900 Glades Rd.	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33434	Country Palm Beach	Zip 33434	Country Palm Beach
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOPPEL, HAROLD 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434		Name Harold Toppel Street Address (P.O. Box Number is Not Acceptable) 7900 Glades Rd. Ste 600 City Boca Raton FL Zip Code 33434	
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.			
Address Change only			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOPPEL, PATRICIA 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 Glades Rd. Ste 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOPPEL, JONATHAN 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 Glades Rd. Ste 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUER, SHERI 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 Glades Rd. Ste 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPEL, HAROLD 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 Glades Rd. Ste 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPEL, BROOKE 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 Glades Rd. Ste 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPEL, JEFFREY 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 Glades Rd. Ste 600
12. I hereby certify that the information supplied with this filing does not qualify 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 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 a power of attorney.			
SIGNATURE: <i>Sheri Sauer</i>		Sheri Sauer 4/13/05 561-451-4696	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	