

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003395

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** THE TOPPEL FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

6267 NW 77TH TERRACE  
PARKLAND, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

6267 NW 77TH TERRACE  
PARKLAND, FL 33067 US

**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:**

SAUER, SHERI  
6267 NW 77TH TERRACE  
PARKLAND, FL 33067 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: PD  
Name: TOPPEL, PATRICIA  
Address: 6267 NW 77TH TERRACE  
City-St-Zip: PARKLAND, FL 33067 US

Title: VPD  
Name: TOPPEL, JONATHAN  
Address: 6267 NW 77TH TERRACE  
City-St-Zip: PARKLAND, FL 33067 US

Title: STD  
Name: SAUER, SHERI  
Address: 6267 NW 77TH TERRACE  
City-St-Zip: PARKLAND, FL 33067 US

Title: VPD  
Name: TOPPEL, JENNIFER  
Address: 6267 NW 77TH TERRACE  
City-St-Zip: PARKLAND, FL 33067 US

Title: VPD  
Name: TOPPEL, BROOKE  
Address: 6267 NW 77TH TERRACE  
City-St-Zip: PARKLAND, FL 33067 US

Title: VPD  
Name: TOPPEL, JEFFREY  
Address: 6267 NW 77TH TERRACE  
City-St-Zip: PARKLAND, FL 33067 US

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: SHERI SAUER

STD

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date