


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 020 ****70.00

DOCUMENT # N04000006470

1. Entity Name
THE SUNDARI FOUNDATION, INC.



Principal Place of Business
ATTN: CONSTANCE A COLLINS
400 S POINTE DR STE 901
MIAMI BCH, FL 33139

Mailing Address
ATTN: CONSTANCE A COLLINS
400 S POINTE DR STE 901
MIAMI BCH, FL 33139

50066331



2. Principal Place of Business 161 Madeira Ave.		3. Mailing Address 161 Madeira Ave.	
Suite, Apt. #, etc. Suite 89		Suite, Apt. #, etc. Suite 89	
City & State Coral Gables FL		City & State Coral Gables FL	
Zip 33134	Country USA	Zip 33134	Country USA

09062005 Chg-NP CR2E037 (10/03)

4. FEI Number
81-0652266

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE STE 2800
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fees \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Constance Collins 217 NW 15th Street Miami FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Burton Marsh 40 HVC Architects, 300 Aragon Ave Suite # 330 Coral Gables FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Kelly Stillwell 40 UH, 1320 19th NW Washington DC 20036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marketing / Secretary Robin Morrison 3530 Crystal Court Coconut Grove FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Secretary Mary Jessica Sunde 40 UH Management, 1111 Lincoln Rd. Suite 802, Miami Beach FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Real Estate Facilities Robin Morrison 161 Madeira Ave, Suite # 8 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Constance Collins 217 NW 15th Street Miami FL 33136	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: The Sundari Foundation Inc **By: _____** **President** **9/6/05** **305-613-1573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #