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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90034 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702692**

1. Corporation Name

**SAINT ANDREW'S SCHOOL OF BOCA RATON, INC.**

Principal Place of Business

3900 JOG ROAD  
 BOCA RATON FL 33434

Mailing Address

3900 JOG ROAD  
 BOCA RATON FL 33434



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/17/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0942383	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**VAN VALKENBURG, KATHY J.**  
**SAINT ANDREW'S SCHOOL**  
**3900 JOG ROAD**  
**BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTE, DAVID	1.2 NAME	
STREET ADDRESS	4874 SANCTUARY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PTr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, GEORGE	2.2 NAME	
STREET ADDRESS	3900 JOG RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TTr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOBEL, ROBERT	3.2 NAME	
STREET ADDRESS	4481 WOODFIELD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VCTr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSAF, KATHY	4.2 NAME	
STREET ADDRESS	21095 HAMLIN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	CTr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, J.M.	5.2 NAME	
STREET ADDRESS	200 S MAYA PALM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	STr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Heydt, Mason
STREET ADDRESS		6.3 STREET ADDRESS	541 Banyan Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Gulfstream, FL 33483

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)