


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 723522**

1. Entity Name  
**WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE**



Principal Place of Business 2100 W YAMATO RD BOCA RATON, FL 33431 US	Mailing Address S. JAMESON 12750 HAGEN RANCH RD BOYNTON BEACH, FL 33437 US
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04172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1414748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MOREELL, PATRICIA  
 346 N W 42 ST  
 BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ 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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOREELL, PATRICIA 346 N W 42 ST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAESTRALES, KAREN M. 3135 KINGSWOOD TERRACE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMCONA, CAROL 340 AZALEA STREET PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000521285  
 05/02/06-80129-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Patricia Moreell* - book keeper **04.17.06** **561 499-7065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #