2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723522

FILED Apr 14, 2008 Secretary of State

Entity Name: WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE

Current Principal Place of Business: New Principal Place of Business:

2100 W YAMATO RD 3135 KINGSWOOD TERRACE BOCA RATON, FL 33431 BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

S. JAMESON 3135 KINGSWOOD TERRACE 12750 HAGEN RANCH RD BOCA RATON, FL 33431 BOYNTON BEACH, FL 33437 US

FEI Number: 59-1414748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MOREELL, PATRICIA MAESTRALES, KAREN 3135 KINGSWOOD TERRACE 346 N W 42 ST BOCA RATON, FL 33431 US BOCA RATON, FL 33431

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: KAREN MAESTRALES 04/14/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MOREELL, PATRICIA, KAREN MAESTRALES. Name: Name: 346 N W 42 ST Address: 3135 KINGSWOOD TERRACE Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431 US

Title: VD () Delete Title: (X) Change () Addition MAESTRALES, KAREN M., Name: MCCLELLAN, JOY Name:

Address: 3135 KINGSWOOD TERRACE Address: 100 WOOD LANE

City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete Title: (X) Change () Addition AMCONA, CAROL Name: ANCONA, CAROL Name:

340 AZALEA STREET 340 AZALEA STREET Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: Title: () Change (X) Addition () Delete JAMESON, SYLVIA Name: Name: 12750 HAGEN RANCH ROAD Address: Address: City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN MAESTRALES PD 04/14/2008