

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723522

FILED
Apr 25, 2009
Secretary of State

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

Current Principal Place of Business:

3135 KINGSWOOD TERRACE
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

3135 KINGSWOOD TERRACE
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-1414748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAESTRALES, KAREN
3135 KINGSWOOD TERRACE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MAESTRALES, KAREN DIRECTO
3135 KINGSWOOD TERRACE
BOCA RATON, FL 33431 US

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

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAREN MAESTRALES
Address: 3135 KINGSWOOD TERRACE
City-St-Zip: BOCA RATON, FL 33431 US

Title: TD () Delete
Name: MCCLELLAN, JOY
Address: 100 WOOD LANE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: ANCONA, CAROL
Address: 340 AZALEA STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAESTRALES, KAREN
Address: 3135 KINGSWOOD TERRACE
City-St-Zip: BOCA RATON, FL 33431 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date