

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90081 017 ****61.25



DOCUMENT # 723522

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

Principal Place of Business 449 N.W. 35 STREET BOCA RATON FL 33431 US	Mailing Address 1855 LAKE DRIVE DELRAY BEACH FL 33444 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Trust Fund Contribution

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE SD	MOREELL, PATRICIA	<input type="checkbox"/> Delete
NAME	346 N W 42 ST	
STREET ADDRESS	BOCA RATON FL	
CITY-ST-ZIP		
TITLE VD	MAESTRALES, KAREN M.	<input type="checkbox"/> Delete
NAME	3135 KINGSWOOD TERRACE	
STREET ADDRESS	BOCA RATON FL	
CITY-ST-ZIP		
TITLE PD	SMITH, LAUREN	<input type="checkbox"/> Delete
NAME	2342 NE 29TH STREET	
STREET ADDRESS	LIGHTHOUSE POINT FL 33064	
CITY-ST-ZIP		
TITLE TD	MCKEEN, KIRSTEN	<input type="checkbox"/> Delete
NAME	1855 LAKE DRIVE	
STREET ADDRESS	DELRAY BEACH FL 33444	
CITY-ST-ZIP		
TITLE D	DIAB, CLAIRE	<input type="checkbox"/> Delete
NAME	8870 CICERO DRIVE	
STREET ADDRESS	BOYNTON BEACH FL 33437	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

02/04/03

Sylvia Jameson
bookkeeper
561/499-7065

CR2E037 (10/02)