# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (NFP R)

**FILED**
**Jan 26, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N01000002326

1. Entity Name

THE ROBERT M. SANDELMAN FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5326 BOCA MARINE CIRCLE, NORTH<br>BOCA RATON FL 33487 | 5326 BOCA MARINE CIRCLE, NORTH<br>BOCA RATON FL 33487 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 31-1772455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BSPA-CORPORATE SERVICES, INC.<br>350 EAST LAS OLAS BLVD., SUITE 1000<br>FORT LAUDERDALE FL 33301-2636 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25**<br>**Due By May 1, 2007** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Florida Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPT<br>SANDELMAN, ROBERT M<br>5326 BOCA RATON MARINA CIR N<br>BOCA RATON FL 33487 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000605289<br>01/30/07-80031-001 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPS<br>SANDELMAN, LINDA<br>5326 BOCA MARINA CIRCLE N<br>BOCA RATON FL 33487 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EPSTEIN, JOEL<br>1128 PEQUOT AVE<br>SOUTHPORT CT 06490 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>REGAN, DOUG<br>11663 LAKE SHORE PL<br>NORTH PALM BEACH FL 33408 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RICHNER, DAVE<br>3865 NW 9TH ST<br>DELRAY BEACH FL 33445 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WOLF, JEROME L<br>2650 N MILITARY TRAIL<br>BOCA RATON FL 33431 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #