

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90170 001 ****61.25

DOCUMENT # N01000007653 1. Entity Name FORT LAUDERDALE PREPARATORY SCHOOL PARENT'S ASSOCIATION, INC.					
Principal Place of Business 3275 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311			Mailing Address 3275 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 41-2036688			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 BLOOMGARDEN, PAUL M 8551 WEST SUNRISE BLVD. SUITE 208 FORT LAUDERDALE, FL 33322			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REED, JO M		NAME	SUSAN M. GRUMMAN	
STREET ADDRESS	3275 WEST OAKLAND PARK BLVD.		STREET ADDRESS	3275 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERDI, TAMMIE		NAME		
STREET ADDRESS	3275 WEST OAKLAND PARK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYKENS, MICHELLE		NAME		
STREET ADDRESS	3275 WEST OAKLAND PARK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Susan M. Grumman</i> SUSAN M. GRUMMAN			4/19/06 954/485-7500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		