

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001947

FILED
Jul 17, 2006
Secretary of State

Entity Name: DR. SHELDON AND FERN HARR DAY SCHOOL, INC.

Current Principal Place of Business:

8200 PETERS RD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8200 PETERS RD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 23-7449716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COHN, ALAN B
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

COHN, ALAN B
100 WEST CYPRESS CREEK ROAD
TRADE CENTER SOUTH, SUITE 700
FORT LAUDERDALE, FL 33309 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: ALAN COHN

07/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICHAELS, STEVEN
Address: 9800 WEATHERVANE MANOR
City-St-Zip: PLANTATION, FL 33324

Title: P () Delete
Name: LUNDY, RICHARD
Address: 660 HUMMINGBIRD LANE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: BROWN, MINETTE
Address: 861 SW 88 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: BREZNER, JEFFREY
Address: 9230 OAK GROVE CIRCLE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHN, ALAN
Address: 8800 N. LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: P (X) Change () Addition
Name: KRAVEC, SAUL
Address: 10411 LONE STAR PLACE
City-St-Zip: DAVIE, FL 33328

Title: D (X) Change () Addition
Name: ANCHELL, ILENE
Address: 10050 NW 14 STREET
City-St-Zip: PLANTATION, FL 33322

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN COHN

P

07/17/2006

Electronic Signature of Signing Officer or Director

Date