


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001142

1. Entity Name
 ROTARY CLUB BOCA RATON SUNSET FOUNDATION, INC.



Principal Place of Business 200 WEST PALMETTO PARK ROAD 301 BOCA RATON, FL 33432	Mailing Address 200 WEST PALMETTO PARK ROAD 301 BOCA RATON, FL 33432
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01292008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 80-0122899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, BARRY D
 200 WEST PALMETTO PARK ROAD
 301
 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____

Signature: typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAINE, STEVEN 500 SOUTH OCEAN BLVD. #904 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMAN, STEVEN M 20401 STATE RD. 7 #G-10 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSTIG, PHIL III 9937 MAJORCA PLACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/11/08-80004-019 61.25

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: Barry D Siegel 1/30/08 561-929-1968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #