

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001142

FILED
Feb 12, 2009
Secretary of State

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

Current Principal Place of Business:

200 WEST PALMETTO PARK ROAD
301
BOCA RATON, FL 33432

New Principal Place of Business:

1200 NORTH FEDERAL HIGHWAY
200
BOCA RATON, FL 33432

Current Mailing Address:

200 WEST PALMETTO PARK ROAD
301
BOCA RATON, FL 33432

New Mailing Address:

1200 NORTH FEDERAL HIGHWAY
200
BOCA RATON, FL 33432

FEI Number: 80-0122899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SIEGEL, BARRY D
1200 NORTH FEDERAL HIGHWAY
200
BOCA RATON, FL 33432 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: BARRY D. SIEGEL

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAINE, STEVEN
Address: 500 SOUTH OCEAN BLVD. #904
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: PERMAN, STEVEN M
Address: 20401 STATE RD. 7 #G-10
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: LUSTIG, PHIL III
Address: 9937 MAJORCA PLACE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PHIL LUSTIG

D

02/12/2009

Electronic Signature of Signing Officer or Director

Date