2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am **Secretary of State** DOCUMENT # N03000007924 1. Entity Name 03-16-2006 90245 017 ****61.25 LAUDERDALE-BY-THE-SEA SISTER CITIES ASSOCIATION, INC. Principal Place of Business Mailing Address QUUU---TOWN HALL 4501 OCEAN DRIVE TOWN HALL 4501 OCEAN DRIVE LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 16-1682149 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOST, KENNETH S DR. Street Address (P.O. Box Number is Not Acceptable) 2160 SE 19TH STREET LAUDERDALE-BY-THE-SEA FL 33062 City 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 life if applicable (NOTE: Redistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TIFLE ☐ Addition MOST, KENNETH'S DR. NAME NAME 2160 SE 19TH STREET STREET ADDRESS STREET ADDRESS LAUDERDALE-BY THE-SEA FL 33062 CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SULLIVAN, IRENE NAME NAME 4411 NE 15 TERRACE STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33334 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition John Cooncy 1431 S. Ocean Block #67 MAME NAME BERKEN, GILBERT H DR. STREET ADDRESS 1700 SOUTH OCEAN BOULEVARD, #15C STREET ADDRESS CITY-ST-7IP LAUDERDALE-BY-THE-SEA FL 33062 CITY-ST-7IP

12. Thereby certify that the information supplied with this filling 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.

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