


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90078 035 ****61.25

DOCUMENT # N03000008044					
1. Entity Name SPANISH RIVER COMMUNITY HIGH SCHOOL FOUNDATION, INC.					
Principal Place of Business 5100 JOG RD. BOCA RATON, FL 33496			Mailing Address 5100 JOG RD. BOCA RATON, FL 33496		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-4539080	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAMSKY, GERALD 621 NW 53RD ST., STE 365 BOCA RATON, FL 33487				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERSON, ROBERTA		NAME	Leslie Steinberg	
STREET ADDRESS	4885 OXFORD WAY		STREET ADDRESS	3315 St. Charles Circle	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURSTEIN, MARJORIE		NAME	(all other info is the same)	
STREET ADDRESS	2297 NW 55TH ST.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, STEVE		NAME	(all other info is the same)	
STREET ADDRESS	995 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LISA		NAME		
STREET ADDRESS	1019 GRAND COURT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DAN		NAME		
STREET ADDRESS	5100 JOG RD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, LISA		NAME		
STREET ADDRESS	4467 WOODFIELD BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		

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02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
36-4539080

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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DATE

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Due by May 1, 2007

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

Make check payable to

Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

D

☒ Delete

NAME

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STREET ADDRESS

4885 OXFORD WAY

CITY-ST-ZIP

BOCA RATON, FL 33434

TITLE

P

☐ Delete

NAME

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STREET ADDRESS

2297 NW 55TH ST.

CITY-ST-ZIP

BOCA RATON, FL 33496

TITLE

VP

☐ Delete

NAME

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STREET ADDRESS

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DELRAY BEACH, FL 33483

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STREET ADDRESS

1019 GRAND COURT

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BOCA RATON, FL 33487

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☐ Delete

NAME

ADAMS, DAN

STREET ADDRESS

5100 JOG RD.

CITY-ST-ZIP

BOCA RATON, FL 33496

TITLE

T

☐ Delete

NAME

BERKOWITZ, LISA

STREET ADDRESS

4467 WOODFIELD BLVD

CITY-ST-ZIP

BOCA RATON, FL 33434

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: Leslie Steinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone