

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-24-2005 90024 033 ****61.25

DOCUMENT # N04000004513 1. Entity Name SUNBEAM PRODUCTS COMMUNITY FUND, INC.					
Principal Place of Business 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431				Mailing Address 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 54-215 2547				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREW C. HILL 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEVEN E. LENDON 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VICTOR J. MICHELS 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), 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: <u>VICTOR J. MICHELS</u> 561-912-4100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					