


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90201 014 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N06000001022</b><br>1. Entity Name<br><b>SAND SURF SHAKESPEARE INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>225 INDIAN ROAD<br/>PALM BEACH, FL 33480</b>   |   |   | Mailing Address<br><b>225 INDIAN ROAD<br/>PALM BEACH, FL 33480</b>       |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |  |  |
| 4. FEI Number<br><b>56-2559244</b>   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   | <b>\$8.75 Additional Fee Required</b>                                    |  |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATE COMPANY OF MIAMI<br/>250 AUSTRALIAN AVENUE SOUTH SUITE 500<br/>WEST PALM BEACH, FL 33401</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D HARPEL, JANE <input type="checkbox"/> Delete<br>225 INDIAN ROAD<br>PALM BEACH, FL 33480               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D BEHRMAN, MARLA <input type="checkbox"/> Delete<br>6081 OLD OCEAN BLVD<br>OCEAN RIDGE, FL 33435        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>264 LISA ROAD<br/>PALM BEACH FL 33480</b>         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D SHAPINS, FRANK DR. <input type="checkbox"/> Delete<br>4609 TURNBERRY COURT<br>BOYNTON BEACH, FL 33436 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |   |  |  |  |
| <b>SIGNATURE:</b> <u><i>Marla Behrman</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  |  |  |
| Date <u>4-17-07</u>  |   |   |  | Daytime Phone #  |  |