

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90054 001 ****61.25
07-09-2007 90054 002 *****8.75

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1. Entity Name
SUNNY ISLES BEACH K-8 COMMUNITY SCHOOL FUND, INC



Principal Place of Business
231 174TH STREET
SUITE 1618
SUNNY ISLES BEACH, FL 33160

Mailing Address
231 174TH STREET
SUITE 1618
SUNNY ISLES BEACH, FL 33160

66020116



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

07022007

Chg-NP

CR2E037 (12/06)

4. FEI Number

EIN 16-1773456

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

**ABRAMSON, HERBERT W
310 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160**

Name **ROBERT WELSH**

Street Address (P.O. Box Number is Not Acceptable)
231 174th St. #1618

City **SUNNY ISLES BEACH FL**

Zip Code **33160-3319**

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

ROBERT WELSH

Robert R. Welsh

July 5, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 14, 2007**

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

TITLE **P** ☐ Delete
NAME **WELSH, ROBERT**
STREET ADDRESS **231 174TH STREET, SUITE 1618**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **S** ☐ Delete
NAME **ABRAMSON, HERBERT W**
STREET ADDRESS **310 POINCIANA ISLAND DRIVE**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **T** ☐ Delete
NAME **KOVAL, ELENA**
STREET ADDRESS **270 174TH STREET**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Change ☒ Addition
NAME **ANTHONY LUCASTRO**
STREET ADDRESS **231 174th St. #1804**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert R. Welsh

ROBERT R. WELSH

7/05/07

305/431-8625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #