

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

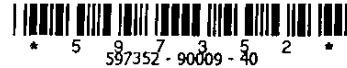
07-28-1999 90009 040 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N41120 ✓  
 1. Corporation Name  
 THE SANDS FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address  
 365 Oakview Drive 365 Oakview Drive  
 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445

3. Date Incorporated or Qualified  
 12-4-90  
 4. FEI Number  
 65-0233633  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ \$8.75 Additional  
 Fee Required  
 6. Election Campaign Financing  
 Trust Fund Contribution ☐ \$5.00 May Be  
 Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No  
 8. This corporation owes or has paid the current year intangible  
 Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
 21 365 Oakview Drive 28 365 Oakview Drive  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Delray Beach, FL 28 Delray Beach, FL  
 Zip Country Zip Country  
 24 33445 25 U.S. 29 33445 30 U.S.

9. Name and Address of Current Registered Agent  
 SANDS, IRVING  
 365 Oakview Drive  
 DELRAY BEACH, FL 33445  
 10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, IRVING	1.2 NAME	
STREET ADDRESS	365 Oakview Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, HARRIETT	2.2 NAME	
STREET ADDRESS	365 Oakview Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, RICHARD M.	3.2 NAME	
STREET ADDRESS	37 BEVERLY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, MA 02174	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, DAVID E.	4.2 NAME	
STREET ADDRESS	2425 Medina Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Medina, Ohio 44256	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBER, STANLEY M.	5.2 NAME	
STREET ADDRESS	4111 WOLF Ledges, STE 406	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON, OH 44311	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, DONALD A.	6.2 NAME	
STREET ADDRESS	The Highlands	6.3 STREET ADDRESS	
CITY-ST-ZIP	Seattle, WA 98177-5002	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X *Irving Sands* x 7/15/99 x 666 6662  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)