

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N41120

1. Entity Name  
THE SANDS FAMILY FOUNDATION, INC.



Principal Place of Business  
365 OAKVIEW DRIVE  
DELRAY BEACH, FL 33445 US

Mailing Address  
365 OAKVIEW DRIVE  
DELRAY BEACH, FL 33445 US



04252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0233633

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SANDS, IRVING  
365 OAKVIEW DRIVE  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SANDS, IRVING
STREET ADDRESS	365 OAKVIEW DRIVE
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	SANDS, HARRIETT
STREET ADDRESS	365 OAKVIEW DRIVE
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	SANDS, RICHARD M
STREET ADDRESS	37 BEVERLY RD
CITY- ST- ZIP	ARLINGTON, MA 02174
TITLE	D
NAME	SANDS, DAVID E
STREET ADDRESS	2425 MEDINA ROAD
CITY- ST- ZIP	MEDINA, OH 44256
TITLE	D
NAME	BOBER, STANLEY M
STREET ADDRESS	411 WOLF LEDGES #400
CITY- ST- ZIP	AKRON, OH 44311
TITLE	D
NAME	SANDS, DONALD A
STREET ADDRESS	THE HIGHLANDS
CITY- ST- ZIP	SEATTLE, WA 981775002

U000000339666  
04/28/05-80085-018 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Irving Sands* IRVING SANDS x 4/26/05 561 498 4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #