

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90343 027 ****61.25

DOCUMENT # N93000005785

1. Entity Name

SHAY FOUNDATION, INC.



Principal Place of Business

105 ARVIDA PARKWAY
CORAL GABLES FL 33156

Mailing Address

105 ARVIDA PARKWAY
CORAL GABLES FL 33156

20040014

2. Principal Place of Business

13635 DEERING BAY DRIVE

3. Mailing Address

13635 DEERING BAY DRIVE



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

UNIT 293

Suite, Apt. #, etc.

UNIT 293

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33158

Country

USA

Zip

33158

Country

USA

4. FEI Number

65-0455713

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI, INC.
201 S BISCAYNE BLVD
SUITE 1600
MIAMI FL 33131

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 reinstating)

DATE

FILE NOW: 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

TITLE	DCP	<input type="checkbox"/> Delete
NAME	SHAY, RODGER D SR	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SHAY, RODGER D JR	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SHAY, GRACE D	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BUCHANAN, LYNN A	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHAY, RYAN E	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOTTER, LORI A	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13635 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13635 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13635 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13635 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATAVANHA, LORI A.	
STREET ADDRESS	13635 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05

786-293-1561