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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N95000003986 (5)**

1. Corporation Name

THE FRIENDS OF SANDOWAY HOUSE NATURE CENTER, INC

Principal Place of Business	Mailing Address
1020 TAMARIND ROAD DELRAY BEACH FL 33483	1020 TAMARIND ROAD DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 08/21/1995

4. FEI Number: 65-0603775 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PATTON, CAROLYN
1020 TAMARIND ROAD
DELRAY BEACH FL 33483

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE			☑ Change ☑ Addition
TITLE	D		1.1 TITLE	PRES	CAROLYN PATTON
NAME	FLINT, JOHN G		1.2 NAME		
STREET ADDRESS	400 SEASAGE DRIVE		1.3 STREET ADDRESS		1020 TAMARIND RD
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-ST-ZIP		DELRAY BEACH, FL 33483
TITLE	SD	☐ DELETE	2.1 TITLE	VP	HANK STEFFENS ☑ Change ☑ Addition
NAME	FINDLAY, PAM		2.2 NAME		
STREET ADDRESS	3423 POLO DRIVE		2.3 STREET ADDRESS		1153 AVOCET RD
CITY-ST-ZIP	GULF STREAM FL 33483		2.4 CITY-ST-ZIP		DELRAY BEACH FL 33444
TITLE	D	☐ DELETE	3.1 TITLE	SEC	CHRIS DAVIES ☑ Change ☑ Addition
NAME	IRWIN, JEAN		3.2 NAME		
STREET ADDRESS	801 S. FEDERAL HIGHWAY, #101		3.3 STREET ADDRESS		3224 N OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		GULF STREAM, FL 33483
TITLE	VD	☐ DELETE	4.1 TITLE	TREAS	WILLIAM S. WEISMAN ☑ Change ☑ Addition
NAME	JENNINGS, DIANE		4.2 NAME		
STREET ADDRESS	11 W. CAMINO REAL		4.3 STREET ADDRESS		2101 CORP. BLVD SUITE 300
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-ST-ZIP		BOCA RATON FL 33431
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTONE, E. F		5.2 NAME		
STREET ADDRESS	1122 OCEAN TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KOGELMAN, DEBRA		6.2 NAME		
STREET ADDRESS	9788 NEVADA PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: SIGNATURE REQUIRED