1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500003986

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

## FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90073 022 \*\*\*\*61.25

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2. Principal Pl	S-Occur Bly 26 D.O. Bo		12	3. Date Incorporated or Qualifed 08/21/1995	
21 6		x	<u></u> _	4. FEI Number Applied For	
Suite, Apt.		D. 1.	2/	65-0603775 Not Applicable	
22		DU	<del>/                                    </del>	\$8.75 Additional	
City & State	IVay Bu- 28 33447-	00	73	5. Certificate of Status Desired Fee Required	
Zip 24	7 3 24 8 3 Country Zip 29 30	Country		6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81	Name		
DATTON CAROLYN			82 Street Address (P.O. Box Number is Not Acceptable)		
PATTON, CAROLYN			Street Address (F.O. Box Multiper is Not Acceptable)		
1020 TAMARIND ROAD			83		
DELRAY BEACH FL 33483			84 City 85 Zip Code		
		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE		HON. JAY ALPERN Change PAddition	
NAME	FLINT, JOHN G	1.2 NAME		2100 LAIKE DARd.	
STREET ADDRESS	400 SEASAGE DRIVE	1.3 STREET	ADDRESS		
	DELRAY BEACH FL 33483	1.4 CITY-S		Delray Buli76 33445	
CITY-ST-ZIP TITLE	P DELETE	2.1 TITLE	D	☐ Change ☐ Addition	
NAME	PATTON, CAROLYN	2.2 NAME		JOHN G. FLINI	
STREET ADDRESS	1020 TAMARIND RD	2.3 STREET	ADDRESS	400 SEASAGE DRIVE	
	DELRAY BEACH FL 33483	2. 4 CITY-S		DELICAY BCH FL 33483	
CITY-ST-ZIP	VP . □ DELETE	3.1 TITLE	<u> </u>	Change ☐ Addition	
NAME .	STEFFENS, HAND	3.2 NAME	5	TEFFENS, HANK	
STREET ADDRESS	1153 AVOLET RD	3.3 STREET	ADORESS 1	153 Nocet Rd., 221114	
-	DELRAY BEACH FL 33444	3.4. CITY-S		Delray Beach, 7133444	
CITY-ST-ZIP	S DELETE	4.1 TITLE	D	Change Addition	
NAME	DAVIES, CHIRS	4. 2 NAME	15	ANIES, CHKICALLOUN.	
STREET ADDRESS	libraria de marca de la composición del composición de la composic	4.3 STREET	ADDRESS	3224 N. OLEAN BLVD.	
CITY-ST-ZIP	GULF STREAM FL 33483	4.4 CITY-S		3224 N. OCETABLE 33483	
TITLE	D DELETE	5.1 TITLE		DC-1 ACC 1115-11 Change Addition	
NAME	JOHNSTONE, E. F	5.2 NAME	, ,	- 1947> 1805 ABY	
STREET ADDRESS	1	5.3 STREET	ADDRESS	19086 KIDER 17 121	
CITY-ST-ZIP	DELRAY BEACH FL 33483	5.4 CITY- S	r-zi <del>p</del>	BOCA Katonith 33434	
TITLE	T DELETE	6.1 TITLE	<del></del>	✓ Change	
NAME	WEISMAN, WILLIAM S	6.2 NAME	1.	YNCH. THOMAS	
STREET ADDRESS		6.3 STREET	ADDRESS	820 N. FED HWY	
CITY-ST-ZIP	BOCA RATON F L3343	6.4 CITY-S	r-zip	Delray Bun, 76 33485	
	contify that the information cumplied with this filing does not qualify for the			Section 119.07(3)(i)/Florida Statutes. I further certify that the information	

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 applicable.

SIGNATURE:

MATURE AND TYPED OFFIRM TEO NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Daytime Phone #

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