2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # N95000003986 THE FRIENDS OF SANDOWAY HOUSE NATURE 04-10-2006 90294 009 ****61.25 CENTER, INC. Principal Place of Business Mailing Address 142 S. OCEAN BLVD. 142 S. OCEAN BLVD. DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 65-0603775 Not Applicable Zip Country Zio Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTON, CAROLYN 1020 TAMARIND ROAD Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH, FL 33483 City 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 SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution, Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DILE Delete TITLE ☐ Change ☐ Addition NAME PATTON, CAROLYN NAME STREET ADORESS 1020 TAMARIND RD STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP TINE Delete TILE ☐ Change Addition NAME WEISMAN, WILLIAM S NAME Fran Marincola STREET ADDRESS 2101 CORP BLVD, SUITE 300 STREET ADDRESS 365. Ocean Blue. CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP Beach FL TITLE ☐ Delete TITLE □ Change ☐ Addition NAME MORRIS, ELAINE NAME STREET ADDRESS 1046 MELALEUCA ROAD STREET ADDRESS CITY ST Z# DELRAY BEACH, FL 33483 CITY ST-71P TITLE DV ☐ Delete ufte ☐ Change ☐ Addition NAME KATZ, ANDREW STREET ADDRESS 320 S. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-719 TITLE ☐ Deleta Change ☐-Addition NAME STREET ADDRESS CITY-ST-ZDP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-71P CITY ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

. 2000

FILED