2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004569

1. Entity Name
COURTNEY ANNE POSTMA MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1877 ROYAL PALM WAY BOCA RATON, FL 33432	1877 ROYAL PALM WAY BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
31-1482378
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POSTMA, HERBERT
1877 ROYAL PALM WAY
BOCA RATON, FL 33432

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DSP
NAME	POSTMA, HERBERT F JR
STREET ADDRESS	1877 ROYAL PALM WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	POSTMA, JEAN M
STREET ADDRESS	1877 ROYAL PALM WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	POSTMA, TIFFANY M
STREET ADDRESS	1401 ROYAL PALM WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	POSTMA, JONATHAN G
STREET ADDRESS	1877 ROYAL PALM WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	ROELEF, MADELINE
STREET ADDRESS	2431 KINGBRIDGE TERRACE
CITY-ST-ZIP	GRAND RAPIDS, MI 49546
TITLE	D
NAME	VOLUCK, KAREN
STREET ADDRESS	2299 NW 59TH ST
CITY-ST-ZIP	BOCA RATON, FL 33496

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02/09/06-80022-005 61.25

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12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR