2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# N97000003395

Entity Name: THE TOPPEL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7900 GLADES ROAD, STE 600
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

7900 GLADES ROAD, STE 600
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 23-7050394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAUER, SHERI
7900 GLADES ROAD, STE 600
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TOPPEL, PATRICIA	
Address:	7900 GLADES ROAD, STE 600	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	VPD	( ) Delete
Name:	TOPPEL, JONATHAN	
Address:	7900 GLADES ROAD, STE 600	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	STD	( ) Delete
Name:	SAUER, SHERI	
Address:	7900 GLADES ROAD, STE 600	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	D	( ) Delete
Name:	TOPPEL, HAROLD	
Address:	7900 GLADES ROAD, STE 600	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	VPD	( ) Delete
Name:	TOPPEL, BROOKE	
Address:	7900 GLADES ROAD, STE 600	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	VPD	( ) Delete
Name:	TOPPEL, JEFFREY	
Address:	7900 GLADES ROAD, STE 600	
City-St-Zip:	BOCA RATON, FL 33434	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI SAUER DIR 08/29/2008
Electronic Signature of Signing Officer or Director — Date