


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90094 007 \*\*\*\*61.25

**DOCUMENT # N98000001664**

1. Entity Name  
**SAINT AMBROSE HOME AND SCHOOL ASSOCIATION, INC.**



Principal Place of Business  
**363 SE 12TH AVE.  
 DEERFIELD BEACH, FL 33441**

Mailing Address  
**363 SE 12TH AVE.  
 DEERFIELD BEACH, FL 33441**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**BIVIANO, SALVATORE  
 363 SE 12TH AVE.  
 DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent  
 Name: **WILSMAN, ELIZABETH**  
 Street Addr.: **190 WEST PALMETTO PARK RD**  
 City: **BOCA RATON, FL 33432**

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

Filing Fee is **\$61.25**  
 Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME STREET ADDRESS CITY-ST-ZIP	<b>BIVIANO, SALVATORE</b> 1591 SE 1ST ST DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP
T NAME STREET ADDRESS CITY-ST-ZIP	<b>SULLIVAN, LISA</b> 272 WOODLAKE LANE DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	P NAME STREET ADDRESS CITY-ST-ZIP
T NAME STREET ADDRESS CITY-ST-ZIP	<b>REAGAN, JOANNE</b> 751 NW 41 TERR DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

12. 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 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: *Elizabeth A Wilsmann*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-20-04**  
 Daytime Phone #: **561-392-8612**