


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000524</b>		
1. Entity Name NETHERLANDS ASSOCIATION OF SOUTH FLORIDA, INC.		
Principal Place of Business 18108 CLEARBROOK CIR BOCA RATON, FL 33498	Mailing Address 18108 CLEARBROOK CIR BOCA RATON, FL 33498	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KARNEBEEK, ASTRID 18108 CLEAR BROOK CIR. BOCA RATON, FL 33498		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DEZWART, ARIE O 10480 SW 139 STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP TOL, PAUL 11953 WATERWOOD DR BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T KARNEBEEK, ASTRID 18108 CLEAR BROOK CIRCLE BOCA RATON, FL 33498	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <u>Astrid Karnebeek</u> <u>01/15/07</u> <u>561-883-027</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0900061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/22/07-80023-016 61.25

**DO NOT WRITE  
IN THIS SPACE**