

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 034 ****70.00

DOCUMENT # N99000000524					
1. Entity Name NETHERLANDS ASSOCIATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 18108 CLEAR BROOK CIR. BOCA RATON, FL 33498			Mailing Address 18108 CLEAR BROOK CIR. BOCA RATON, FL 33498		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0900061	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARNEBEEK, ASTRID 18108 CLEAR BROOK CIR. BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name <u>BRONK, ROGIER B.</u> Street Address (P.O. Box Number is Not Acceptable) <u>13120 S.W. 92 AV. APT # 311</u> City <u>MIAMI, FL</u> Zip Code <u>33176</u>		
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 <u>[Signature]</u> <u>ROGIER B. BRONK</u> DATE <u>01-09-08</u> (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, 2008		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		
TITLE P	NAME DEZWART, ARIE O	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 10480 SW 139 STREET	CITY-ST-ZIP MIAMI, FL 33176		NAME	STREET ADDRESS	
TITLE VP	NAME TOL, PAUL	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 11953 WATERWOOD DR	CITY-ST-ZIP BOCA RATON, FL 33428		NAME	STREET ADDRESS	
TITLE T	NAME KARNEBEEK, ASTRID	☒ Delete	TITLE	☒ Change ☐ Addition	
STREET ADDRESS 18108 CLEAR BROOK CIRCLE	CITY-ST-ZIP BOCA RATON, FL 33498		NAME	STREET ADDRESS	
TITLE	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
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>[Signature]</u> <u>PRESIDENT</u> <u>02/07/2008</u> <u>1(305) 279 2349</u> (Signature and typed or printed name of signing officer or director) Date Daytime Phone #					

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