

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000006434

1. Entity Name
SOLOMON SCHECHTER DAY SCHOOL OF PALM BEACH
COUNTY, INC.



Principal Place of Business
333 S.W. 4TH AVE
BOCA RATON, FL 33432

Mailing Address
333 S.W. 4TH AVE
BOCA RATON, FL 33432

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

09102007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLBERG, SARAH
6803 N GRANDE DR
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	LIPSITZ, BERNARD D	
STREET ADDRESS	7572 REGENCY LAKES DR. 301	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	LIPOWITZ, BERNARD D	
STREET ADDRESS	430 N. OCEAN BLVD., APT. 602	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SHAPIRO, JAY	
STREET ADDRESS	20090 S BOCA W DR	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SARAH GOLDBERG	<input checked="" type="checkbox"/> Delete
NAME	6803 N. GRANDE DR	
STREET ADDRESS	BOCA RATON, FL 33433	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLY GROSS	
STREET ADDRESS	6504 LANDINGS COURT	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Shelly Gross Shelly Gross

9/11/07 561 7504240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 SEP 19 AM 8:57

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

