

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702692

**Entity Name:** SAINT ANDREW'S SCHOOL OF BOCA RATON, INC.

**Current Principal Place of Business:**

3900 JOG ROAD  
BOCA RATON, FL 33434

**Current Mailing Address:**

3900 JOG ROAD  
BOCA RATON, FL 33434 US

**FEI Number: 59-0942383**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VAN VALKENBURG, KATHY J  
SAINT ANDREW'S SCHOOL  
3900 JOG ROAD  
BOCA RATON, FL 33434 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHAPIRO, ETHAN  
Address        3970 DUNCAN DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title            CHAIRMAN  
Name            SHAPIRO, STEVEN  
Address        3017 SPANSIH RIVER ROAD  
City-State-Zip: BOCA RATON FL 33432

Title            TREASURER  
Name            BOBER, MICHAEL  
Address        6039 VIA VENETIA S  
City-State-Zip: DELRAY BEACH FL 33484

Title            SECRETARY  
Name            SCOTT, CHASE  
Address        271 COCONUT PALM ROAD  
City-State-Zip: BOCA RATON FL 33432

Title            ASST. TREASURER  
Name            CORK, PHILIP  
Address        1185 LANDINGS RUN  
City-State-Zip: WEST PALM BEACH FL 33413

Title            VC  
Name            ZAMIELLO, MICHAEL  
Address        8760 TWIN LAKES DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title            ASST TREASURER  
Name            COMBS, CATHERINE  
Address        2920 NW 26TH COURT  
City-State-Zip: BOCA RATON FL 33434

*I hereby 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 all other like empowered.*

**SIGNATURE: PHILIP CORK**

**ASST TREASURER**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date