

**2013 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 PT  
Name MOSELEY, WILLIAM  
Address 3900 JOG ROAD  
City-State-Zip: BOCA RATON FL 33434

Title CT  
Name STOOPS, JEFFREY A  
Address 521 S OCEAN BLVD  
City-State-Zip: DELRAY BEACH FL 33483

Title TT  
Name SHAPIRO, STEVEN  
Address 3017 SPANISH RIVER RD  
City-State-Zip: BOCA RATON FL 33432

Title ST  
Name ASSAF, NADINE  
Address 7745 VIA FIRENZE  
City-State-Zip: BOCA RATON FL 33433

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

Title VC, TRUSTEE  
Name FINOCCHIARO, MARY JO  
Address 13650 WEYBURN DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

*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

AT

04/15/2013

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

\_\_\_\_\_  
Date