I hereby certify that the information indicated on this report or supplemental report is true and accura oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu		
above, or on an attachment with all other like empowered.		
SIGNATURE: KAREN MAESTRALES	PRESIDENT	04/30/2013

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:** 3135 KINGSWOOD TERRACE

**Current Principal Place of Business:** 

BOCA RATON. FL 33431 US

## FEI Number: 59-1414748

### Name and Address of Current Registered Agent:

MAESTRALES, KAREN DIRECTO 3135 KINGSWOOD TERRACE BOCA RATON, FL 33431 US

**Officer/Director Detail :** 

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:

L

#### PD Title Title Name MAESTRALES, KAREN Name Address 3135 KINGSWOOD TERRACE Address City-State-Zip: City-State-Zip: BOCA RATON FL 33431 Ti N A

Electronic Signature of Registered Agent

City-State-Zip: PALM BEACH GARDENS FL 33410

FILED Apr 30, 2013 Secretary of State CC5192746794

Certificate of Status Desired: No

TD

MCCLELLAN, JOY

100 WOOD LANE

DELRAY BEACH FL 33444

Title	D
Name	ANCONA, CAROL
Address	340 AZALEA STREET
ity-State-Zin	PALM REACH GARDENS EL 33410

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE

# **DOCUMENT# 723522**

3135 KINGSWOOD TERRACE BOCA RATON, FL 33431

Date