I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec above, or on an attachment with all other like empowered.		
SIGNATURE: KAREN MAESTRALES	PRESIDENT	04/16/2015

SIGNATURE: KAREN MAESTRALES

04/16/2015

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.

Electronic Signature of Registered Agent

3135 KINGSWOOD TERRACE

## Name and Address of Current Registered Agent:

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

SIGNATURE:

L

	CORPORATION	ANNUAL REPORT

## **DOCUMENT# 723522**

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

### **Current Principal Place of Business:**

3135 KINGSWOOD TERRACE BOCA RATON, FL 33431

# **Current Mailing Address:**

BOCA RATON. FL 33431 US

### FEI Number: 59-1414748

Officer/Director Detail :						
Title	PD	Title	TD			
Name	MAESTRALES, KAREN	Name	MCCLELLAN, JOY			
Address	3135 KINGSWOOD TERRACE	Address	100 WOOD LANE			
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	DELRAY BEACH FL 33444			
	_					
Title	D					
Name	ANCONA, CAROL					
Address	340 AZALEA STREET					
City-State-Zip:	PALM BEACH GARDENS FL 33410					

Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 16, 2015 Secretary of State CC7446114601