

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003986

Entity Name: THE FRIENDS OF SANDOWAY HOUSE NATURE CENTER, INC.**Current Principal Place of Business:**142 S. OCEAN BLVD.
DELRAY BEACH, FL 33483**Current Mailing Address:**142 S. OCEAN BLVD.
DELRAY BEACH, FL 33483 US**FEI Number:** 65-0603775**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, JOE
503 OLEANDER LN.
DELRAY BEACH, FL 33483 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:** JOE ROBINSON

01/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICE OF THE PRESIDENT,
DIRECTOR
Name HEILAKKA, ANN
Address 11 DRIFTWOOD LANDING
City-State-Zip: GULFSTREAM FL 33484

Title OFFICE OF THE PRESIDENT,
DIRECTOR
Name DAVIES, CHRIS
Address 3224 S. OCEAN BLVD.
City-State-Zip: GULFSTREAM FL 33483

Title TREASURER, DIRECTOR
Name ROBINSON, JOE
Address 503 OLEANDER LN.
City-State-Zip: DELRAY BEACH FL 33483

Title VP, DIRECTOR
Name ADDISON, MEGAN
Address 22 OCEAN VIEW LN.
City-State-Zip: OCEAN RIDGE FL 33435

Title ASST. TREASURER, DIRECTOR
Name RUSSO, SUSAN
Address 6080 VIA VENETIA S.
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name PEMBERTON, HOLLY
Address 619 S. PALMWAY
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name BOUGHTON, JESTENA
Address 525 E. ATLANTIC AVE.
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name BARRETTE, KELLY
Address 1201 SEASPRAY AVE.
City-State-Zip: DELRAY BEACH FL 33483

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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: DANICA SANBORN**EXECUTIVE DIRECTOR**

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CLARK, GAYLE
Address 823 NE 1ST COURT
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name MCCORMICK, LAURA
Address 4790 PINE TREE DR.
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name MCOWEN, SCOTT
Address 302 NW 18TH ST.
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name RIDLEY, ALEX
Address 2730 CARDINAL CIR.
City-State-Zip: GULFSTREAM FL 33483

Title DIRECTOR
Name KIRKWOOD, GREG
Address 501 SW 8TH AVE.
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name NADEL, JACKIE
Address 1330 SW 26TH AVE.
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name PEMBERTON, KATE
Address 1010 NE 8TH AVE. #24D
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name WHITE, LISA
Address 3122 N. OCEAN BLVD.
City-State-Zip: GULFSTREAM FL 33483