

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2005  
Secretary of State**

DOCUMENT# 716469

Entity Name: FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

10 PARACHUTE KEY #51  
HOMESTEAD, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 PARACHUTE KEY #51  
HOMESTEAD, FL 33034 US

**New Mailing Address:**

FEI Number: 59-0916076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SINGLETARY, CAULION  
C/O FLORIDA NATIONAL PARKS & MON ASSN  
10 PARACHUTE KEY #51  
HOMESTEAD, FL 33034 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: SPINELLI, FRANK DDS  
Address: 83 NW 8TH ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: D      ( ) Delete  
Name: JACOBSEN, MARLOW  
Address: 144 NORTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D      ( ) Delete  
Name: IVY, CURTIS R J  
Address: 190 NW 29TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: D      ( ) Delete  
Name: SIMMONS, KEITH F  
Address: 13300 SW 105TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: VD      ( ) Delete  
Name: HUBBELL, DR. GORDON  
Address: 150 BUTTONWOOD DR  
City-St-Zip: KEY BISCAZYNE, FL 33149

Title: D      ( ) Delete  
Name: BROWN, JOE  
Address: 4451 BUCKINGHAM CIRCLE  
City-St-Zip: DECATUR, GA 30035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: SPINELLI, FRANK DDS  
Address: 83 NW 8TH ST  
City-St-Zip: HOMESTEAD, FL 33030

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

Title: D      (X) Change ( ) Addition  
Name: KELLEY, DR. ROBERT  
Address: UNIV. OF MIAMI, BOX 249085  
City-St-Zip: CORAL GALBES, FL 33124

Title: D      (X) Change ( ) Addition  
Name: LYNN, JOHN  
Address: 48 NE 15TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAULION SINGLETARY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/21/2005

\_\_\_\_\_  
Date