2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State
02-13-2007 90045 003 ****61.25

DOCUMENT # N03000005373

1. Entity Name

FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES, INC.

Principal Place of Business	Mailing Address
1500 SAN RENO AVE. CORAL GABLES FL 33146	1500 SAN RENO AVE. CORAL GABLES FL 33146

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1500 SAN REMO AVE	1500 SAN REMO AVE
Suite, Apt. #, etc. 249	Suite, Apt. #, etc. 249
City & State CORAL GABLES FL	City & State CORAL GABLES, FL
Zip / Country 33146 / USA	Zip / Country 33146 / USA

4. FEI Number 57-1173613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STARRETT, L. BENJAMIN
1500 SAN RENO AVE., STE 249
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE #249

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ 1/30/7
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO STARRETT, L. BENJAMIN 1500 SAN RENO AVE., STE 249 CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, HOOPER 330 MADISON AVE., 30TH FLOOR NEW YORK NY 10017-5001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RODRIGUEZ, ARLENE 225 BUSH STREET SAN FRANCISCO, CA 94104-4224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLUHARTY, MARLENE 28115 MEADOWBROOK RD. NOVI MI 48377-3128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F BARTHOLOMAY, DAN 710 SECOND STREET SOUTH, STE 400 MINNEAPOLIS MN 55401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, KEVIN 501 WASHINGTON ST., STE 801 READING PA 19603-0212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO STARRETT, L. BENJAMIN 1500 SAN REMO AVE., STE 177 CORAL GABLES FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 1/30/7 305-667-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #