


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90017 034 ****61.25

DOCUMENT # N11220
 1. Entity Name
FLORAL PARK PROPERTY OWNERS' ASSOCIATION



Principal Place of Business Mailing Address
2690 CAMBRIDGE RD **2690 CAMBRIDGE RD**
LANTANA FL 33462 **LANTANA FL 33462**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-2259689 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPARKS, PENNY
6673 EASTVIEW DR.
LANTANA FL 33462

7. Name and Address of New Registered Agent
 Name **Thomas Pierce**
 Street Address (P.O. Box Number is Not Acceptable) **6579 EASTVIEW DR.**
 City **LANTANA** FL Zip Code **33462**

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 _____
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, 2008

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRUETTNER, BOB	
STREET ADDRESS	2690 CAMBRIDGE RD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIERCE, THOMAS	
STREET ADDRESS	6673 EASTVIEW DR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ROSE M	
STREET ADDRESS	6720 OSBORNE DR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STRONG, JACK	
STREET ADDRESS	2690 CAMBRIDGE ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY FICK	
STREET ADDRESS	2084 WORCESTER RD	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB GRUETTER	
STREET ADDRESS	2048 NORTHSIDE DR	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATSY ROE	
STREET ADDRESS	6649 WESTVIEW DR	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Thomas Pierce* **Thomas Pierce** *Jan.* **2-11-08** **561-967-8830**