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

FILED
Feb 02, 2007 8:00 am
Secretary of State
02-02-2007 90008 013 ****61.25

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1. Entity Name

SOUTH FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY, INC.

Principal Place of Business	Mailing Address
3205 COLLEGE AVE. FT. LAUDERDALE FL 33314 US	7042 NW 107 AVE TAMARAC FL 33321 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0695256 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILSTEIN, ARNOLD
7042 NW 107 AVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 Arnold Milstein 1-25-07

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	D WEINSIER, STEVE 120 TORCHWOOD AVENUE FORT LAUDERDALE FL 33324	☑ Delete	D ADAM GARDNER 2555 W COPANS RD. POMPANO BEACH FL 33069	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BAKER, GORDON 190 MARTIN CIRCLE ROYAL PALM BEACH FL 33411	☑ Delete	D JOANNE KORVICK 3205 COLLEGE AVE. FT LAUDERDALE FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BUSTOS FITZ, JENNIFER 14754 87 STREET NORTH LOXAHATCHEE FL 33470	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T WEINRUB, MARK 1616 NW 36 COURT FORT LAUDERDALE FL 33309	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P NOHEJL, CHUCK 3205 COLLEGE AVE FT. LAUDERDALE FL 33314	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P DHARMAN SETARAM 598 CANBY CIRCLE OCOEE, FL 34761	☐ Delete ADD		☐ 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.

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SIGNATURE: Arnold Milstein - TREASURER 1-25-07 9939414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #