

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

04-10-2008 90013 017 ****61.25

DOCUMENT # 740235 1. Entity Name ANN NORTON SCULPTURE GARDENS, INC.					
Principal Place of Business 253 BARCELONA RD W PALM BCH, FL 33401			Mailing Address 253 BARCELONA RD W PALM BCH, FL 33401		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPENCER, PHYLLIS 7740 BETA CIRCLE WEST PALM BEACH, FL 33406			Name CYNTHIA E PALMIER Street Address (P.O. Box Number is Not Acceptable) 115 Coco Lane Jupiter, FL 33458		
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.			City Jupiter State FL Zip Code 33458		
SIGNATURE <i>Cynthia E Palmier</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 1/16/08 <small>(NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSWELL BUTLER, VERONICA		NAME		
STREET ADDRESS	175 ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IERARDI, JOSEPH		NAME		
STREET ADDRESS	293 BARCELONA RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DAVID		NAME		
STREET ADDRESS	408 SOUTH COUNTRY CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMERON-HAYES, JONATHAN		NAME		
STREET ADDRESS	223 QUEENS LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5-5-08 <small>Daytime Phone #</small>		

66010019



01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1874060

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

Applied For Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **CYNTHIA E PALMIER**

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

115 Coco Lane

Jupiter, FL 33458 City **Jupiter** State **FL** Zip Code **33458**

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SIGNATURE *Cynthia E Palmier*

DATE **1/16/08**

(NOTE: Registered Agent signature required when re-registering)

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\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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TITLE T ☐ Delete

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TITLE S ☐ Delete

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CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE VP ☐ Delete

NAME **CAMERON-HAYES, JONATHAN**

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TITLE ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE: *[Signature]*

DATE **5-5-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #