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

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

## Mar 12, 2008 8:00 am **DOCUMENT # 748907 Secretary of State** 1. Entity Name 03-12-2008 90033 037 \*\*\*\*61.25 ACACIA GARDENS, INC. Principal Place of Business Mailing Address C/O GIANNI BERTUZZELLI 400 W INDIANTOWN RD JUPITER FL 33458 C/O GIANNI BERTUZZELLI 400 W INDIANTOWN RD JUPITER FL 33458 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 65-0479203 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINE, JAY S Street Address (P.O. Box Number is Not Acceptable) 2500 NORTH MILITARY TRAIL #490 **BOCA RATON FL 33431** Zip Code FL 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 photod name of registered agent and site if applicable, (NOTE: Registered Agent signature required when reinstating) DATE And to year a second FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Oue By May 1, Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition GANNIS, DAVID NAME NAME 140 TIMBERLINE DRIVE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP PTD TITLE ☐ Delate TITLE Change Addition BERTUZZELLI, GIANNI NAME NAME 400 W INDIAN TOWN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition SANGREY, KENNETH NAME NAME 322 S LAKESIDE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Ed white NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 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

Gianni Bertuzzelli as President

FILED

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