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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763724** (2)

1. Corporation Name

FLORIDA CHAPTER, AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS, INC.

Principal Place of Business

**1843 NW 39TH DRIVE
GAINESVILLE FL 32605
US**

Mailing Address

**33 E. PINE STREET
ORLANDO FL 32801-2607
US**

3. Date Incorporated or Qualified
06/16/1982

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 1202 West Linebaugh Ave.

2a. Mailing Address

26 3824 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, Florida

City & State

27 Miami, Florida

Zip

24 33612

Country

25 USA

Zip

29 33133

Country

30 USA

4. FEI Number

59-2459949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DANA MCCLAIN
1843 N.W. 39TH DRIVE
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name

Thomas F. Levin

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

1202 West Linebaugh Avenue

83

84 City

Tampa

FL

85 Zip Code
33612

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Thomas F. Levin
Signature typed or printed name of registered agent and title if applicable

THOMAS F. LEVIN, TREASURER

4/4/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**TD
NAME
MCCLAIN, DANA
STREET ADDRESS
1843 N.W. 39TH DRIVE
CITY-ST-ZIP
GAINESVILLE FL 32605**

TITLE ☐ DELETE

**SD
NAME
NANCY SIEMON
STREET ADDRESS
2020 RIVER RANCH DRIVE SUITE 159
ST-ZIP
NAPLES FL**

TITLE ☐ DELETE

**PD
NAME
LOPEZ, S. RAYMOND
STREET ADDRESS
33 E PINE STREET
CITY-ST-ZIP
ORLANDO FL**

TITLE ☐ DELETE

**VD
NAME
ADAMS, MOLLY FELTHAM
STREET ADDRESS
3824 PARK AVENUE
CITY-ST-ZIP
MIAMI FL**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**TD
NAME
Levin, Thomas F.
1202 West Linebaugh Avenue
Tampa, Florida 33612**

2.1 TITLE ☒ Change ☐ Addition

**SD
NAME
Drylie, David
1333 Taylor Creek Road
Christmas, Florida 32709**

3.1 TITLE ☒ Change ☐ Addition

**PD
NAME
Adams, Molly Feltham
3824 Park Avenue
Miami, Florida 33133**

4.1 TITLE ☒ Change ☐ Addition

**VD
NAME
Hammond, Bret
306 Summerwood Drive
Crawfordville, Florida 32327**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)