07261999-90009-036-$70.00-$70.00

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90009 036 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763724

1. Corporation Name
FLORIDA CHAPTER, AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS, INC.

607063 - 90016

Principal Place of Business	Mailing Address
1202 WEST LINEBAUGH AVE TAMPA FL 33612 US	306 SUMMERWOOD DR CRAWFORDVILLE FL 32727 US

2. Principal Place of Business 21 1596 Trotters Bend Trail	2a. Mailing Address 26 1596 Trotters Bend Trail	3. Date Incorporated or Qualified 06/16/1982
Suite, Apt. #, etc. 22 ---	Suite, Apt. #, etc. 27 ---	4. FEI Number 59-2459949 ☐ Applied For ☐ Not Applicable
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 32225 Country 25 USA	Zip 29 32225 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVIN, THOMAS F 1202 WEST LINEBAUGH AVE TAMPA FL 33612	81 Name: Andrew Dance 82 Street Address (P.O. Box Number is Not Acceptable): 1596 Trotters Bend Trail 83 --- 84 City: Jacksonville FL 85 Zip Code: 32225

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: Andrew Dance DATE: 8/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEVIN, THOMAS F 1202 WEST LINEBAUGH AVE TAMPA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Treasurer Andrew Dance 1596 Trotters Bend Trail Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DRYLIE, DAVID 1333 TAYLOR CREEK RD CHRISTMAS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Paul M. Davis 1260 Palmetto, Suite E Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMMOND, BRET D 306 SUMMERWOOD DR CRAWFORDVILLE FL 32327	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	President Brett A. Nein 2200 Park Central Blvd., N., Suite 100 Pompano Beach, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GENTILE, GEORGE G 675 W INDIANTOWN RD STE 201 JUPITER FL 33458	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Vice President David Drylie 1333 Taylor Creek Road Christmas, FL 32709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Brett A. Nein REQUIRED, President 3/5/99 (954) 974-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #