FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1998 8:00 am
Secretary of State

DOCUMENT # 763724 (2)

1. Corporation Name

FLORIDA CHAPTER, AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS, INC.

Principal Place of Business	Mailing Address
1202 WEST LINEBAUGH AVE TAMPA FL 33612 US	3824 PARK AVE. MIAMI FL 33133 US

3. Date Incorporated or Qualified: 06/16/1982

4. FEI Number: 59-2459949 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 306 SUMMERWOOD DR CRAWFORDVILLE, FL 32327
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code:

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 _____ DATE
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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVIN, THOMAS F		1.2 NAME		
STREET ADDRESS	1202 WEST LINEBAUGH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DRYLIE, DAVID		2.2 NAME		
STREET ADDRESS	1333 TAYLOR CREEK RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ADAMS, MOLLY FELTHAM		3.2 NAME	BRET D. HAMMOND	
STREET ADDRESS	3824 PARK AVE		3.3 STREET ADDRESS	306 SUMMERWOOD DR.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	HAMMOND, BRET		4.2 NAME	GEORGE G. GENTILE	
STREET ADDRESS	306 SUMMERWOOD DRIVE		4.3 STREET ADDRESS	675 W. INDIAN TOWN RD, STE 201	
CITY-ST-ZIP	CRAWFORDVILLE FL		4.4 CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: SIGNATURE REQUIRED THOMAS F. LEVIN, TREASURER 4/24/98 931-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026878