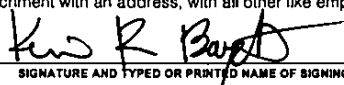


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90009 014 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                                                     |                                                                          |                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 763724</b><br>1. Entity Name<br><b>FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF<br/>LANDSCAPE ARCHITECTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                                                     |                                                                          |                                                         |  |
| Principal Place of Business<br><b>13 EVANSVILLE LANE<br/>PALM COAST, FL 32164 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                                                     | Mailing Address<br><b>13 EVANSVILLE LANE<br/>PALM COAST, FL 32164 US</b> |                                                                                                                                          |  |
| 2. Principal Place of Business<br><b>P.O. Box 770219</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | 3. Mailing Address<br><b>P.O. Box 770219</b><br>Suite, Apt. #, etc.                                                 |                                                                          |                                                                                                                                          |  |
| City & State<br><b>NAPLES FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | City & State<br><b>NAPLES, FL</b>                                                                                   |                                                                          | 4. FEI Number<br><b>59-2459949</b>                                                                                                       |  |
| Zip<br><b>34107-0219</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     | Country<br><b>US</b>                                                                                                |                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required                                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MARTINEZ, JANET E<br/>203 EAST RICH AVENUE<br/>DELAND, FL 32724</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                     |                                                                          | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                                                                     |                                                                          |                                                                                                                                          |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                          |                                                                                                                                          |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                     |                                                                          |                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>             |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b><br><b>CASTER, JEFF</b><br><b>7912 BRIARCREEK RD</b><br><b>TALLAHASSEE, FL 32312</b>        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <b>President</b><br><b>Boyet, Kevin</b><br><b>3200 Bailey Lane</b><br><b>Naples, FL 34105</b>                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VP</b><br><b>BOYETT, KEVIN</b><br><b>3200 BAILEY LANE, SUITE 200</b><br><b>NAPLES, FL 34105</b>  |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <b>President Elect (Vice President)</b><br><b>Bates, Mary</b><br><b>2415 Trey more Drive</b><br><b>Orlando, FL 32825</b>                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>T</b><br><b>BETES, MARY</b><br><b>2415 TREYMORE DR.</b><br><b>ORLANDO, FL 32825</b>              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <b>Treasurer</b><br><b>Powers, Matt</b><br><b>1517 Yancey Street</b><br><b>Tallahassee, FL 32303</b>                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>S</b><br><b>WEEDOM, TAMMY C</b><br><b>3040 SW 8TH STREET</b><br><b>FORT LAUDERDALE, FL 33312</b> |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <b>Weedon, Tammy C.</b>                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>CT</b><br><b>DANCE, ANDREW</b><br><b>13 EVANSVILLE LANE</b><br><b>PALM COAST, FL 32164</b>       |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                     |                                                                                                                     |                                                                          |                                                                                                                                          |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                                                     | <b>2/15/06</b> <b>239.649.4040</b><br>Date Daytime Phone #               |                                                                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                                                                     |                                                                          |                                                                                                                                          |  |

ATTACHMENT

40017663

~~#763724~~

*Janet E. Martinez, P. A.*

LAW OFFICES  
203 EAST RICH AVENUE  
DELAND, FLORIDA 32724

TELEPHONE: (386) 736-9225  
TELECOPIER: (386) 736-9265  
INTERNET: [www.dclandlaw.com](http://www.dclandlaw.com)

February 22, 2006

**CERTIFIED MAIL -  
RETURN RECEIPT REQUESTED  
No. 7003 1010 0004 6400 7980**

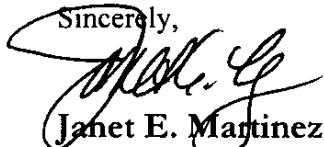
Department of State  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Florida Chapter of the American Society of Landscape Architects, Inc.  
Document No. L763724**

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced corporation is the Annual Report for 2006 together with Florida Chapter ASLA's check no. 3338 in the amount of \$61.50 to cover the filing fee.

Thank you for your assistance.

Sincerely,  
  
Janet E. Martinez  
EMAIL: [jmart@dclandlaw.com](mailto:jmart@dclandlaw.com)

JEM:jh  
Enclosures

cc: Mr. Kevin R. Boyett, President, w/out enc.  
Mr. Matt Powers, Treasurer, w/out enc.