




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90025 029 ****61.25

DOCUMENT # 763724 1. Entity Name FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS, INC.					
Principal Place of Business POB 770219 NAPLES, FL 34107-0219 US			Mailing Address POB 770219 NAPLES, FL 34107-0219 US		
2. Principal Place of Business - No P.O. Box # 5123 Kemwood Court		3. Mailing Address 5123 Kemwood Court			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Palm Harbor, FL		City & State Palm Harbor, FL		4. FEI Number 59-2459949	
Zip 34685		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, JANET E 203 EAST RICH AVENUE DELAND, FL 32724			7. Name and Address of New Registered Agent Name JANET E. MARTINEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 203 East Rich Avenue City DeLand FL 32724		
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. JANET E. MARTINEZ, P.A. SIGNATURE  By: Janet E. Martinez, Its President (NOTE: Registered Agent signature required when reinstating) DATE 4/7/08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATES, MARY 2415 TREYMORE DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE ROME, RICHARD 2253 TRESPOTT DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWERS, MATT 1517 YANCEY ST TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELLANO, PATRICIA 2601 CATTLEMEN ROAD, SUITE 500 SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DANCE, ANDREW 13 EVANSVILLE LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP BOYETT, KEVIN 3200 BAILEY LANE NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROME, RICHARD 22253 Trescott Dr. Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WORTHINGTON, DANA 3308 Flowertree Rd. Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MICHAEL 620 Crown Oak Centre Dr. Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE CASTER, JEFF 7912 Briarcreek Rd. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP BATES, MARY 2503 Edgewater Dr. Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
4/4/08 SIGNATURE:  RICHARD C. ROME 850.599.8797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					