2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007208

1. Entity Name
BOCA RATON BROMELIAD SOCIETY, INC.

Principal Place of Business	Mailing Address
22690 LEMON TREE LANE BOCA RATON, FL 33428	22690 LEMON TREE LANE BOCA RATON, FL 33428

04252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1147965
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARKS, TAMMY
22690 LEMON TREE LANE
BOCA RATON, FL 33428

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000134750
04/28/04-80032-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAVLIK, MARK D
STREET ADDRESS	747 CAMINO LAKES CIR
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VD
NAME	IRVINE, JOHN
STREET ADDRESS	1221 18TH AVENUE
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	SD
NAME	MARKS, TAMMY
STREET ADDRESS	22690 LEMON TREE LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	TD
NAME	ESSER, CAROL
STREET ADDRESS	11541 SW 12TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	HAVLIK, MAUREEN
STREET ADDRESS	747 NCAMINO LAKES CIR
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	KAUFFMAN, SALLY
STREET ADDRESS	19572 COLORADO CIR
CITY-ST-ZIP	BOCA RATON, FL 33434

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12. 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 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.

SIGNATURE: Carol Esser Carol Esser treasurer 4/26/04 561-620-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #