


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 AUG 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001723		
1. Entity Name FEDERAL GARDENS NEIGHBORHOOD ASSOCIATION, INC.		

Principal Place of Business 1631 W 14TH ST RIVIERA BCH, FL 33404	Mailing Address 1631 W 14TH ST RIVIERA BCH, FL 33404
--	--

2. Principal Place of Business - No P.O. Box # 1564 W 9th STREET	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State RIVIERA BEACH, Florida	City & State
Zip 33404	Country Palm Beach



07182007 REIN-NP CR2E099 (1/07)

4. FEI Number 54-2085701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REID, ETHEL J 1631 W 14TH ST RIVERA BCH, FL 33404	
--	--

7. Name and Address of New Registered Agent Name MARY L. BRABHAM Street Address (P.O. Box Number is Not Acceptable) 1564 W 9th STREET City RIVIERA BEACH, FL Zip Code 33404	
---	--

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 **MARY L. BRABHAM, Mary L. Brabham Secretary August 14, 2007**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REID, ETHEL J 1631 W 14TH ST W PALM BCH, FL 33404 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JACKSON, KING 1611 W 12TH CT W PALM BCH, FL 33404 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRAGHAM, MARY 1564 W 9TH ST RIVIERA BCH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CLARKE, BETTY 1590 W 12TH ST RIVIERA BCH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200108715542 08/28/07-01033-027 **\$122.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200108715542 08/28/07-01033-028 **\$8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brabham, MARY L. 1564 W 9th STREET RIVIERA BEACH, FLA 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLARKE, BETTY 1590 W 14th STREET RIVIERA BEACH, FLORIDA 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gracie M. Knight 1660 W 14th STREET RIVIERA BEACH, FLA 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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.

SIGNATURE: **Mary L. Brabham** **August 14, 2007** **561-881-1603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/20/07