


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90016 015 ****70.00

DOCUMENT # N03000001723					
1. Entity Name FEDERAL GARDENS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1564 W 9TH STREET RIVIERA BEACH FL 33404			Mailing Address 1564 W 9TH STREET RIVIERA BEACH FL 33404		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2085701 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/08)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRABHAM, MARY L 1564 W 9TH STREET RIVIERA BEACH FL 33404			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Mary L. Brabham DP</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE </div>					
FILE NOW: FEE IS \$61.25 Due By September 3, 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	DS <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRABHAM, MARY		NAME	MAY L. BRABHAM	
STREET ADDRESS	1564 W 9TH ST		STREET ADDRESS	1564 W 9TH STREET	
CITY-ST-ZIP	RIVIERA BCH FL 33404		CITY-ST-ZIP	RIVIERA BEACH, Florida 33404	
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, BETTY		NAME		
STREET ADDRESS	1590 W 14TH ST		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH FL 33404		CITY-ST-ZIP		
TITLE	DVT <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT, GRACIE M		NAME	GRACIE M. KNIGHT	
STREET ADDRESS	1660 W. 14TH STREET		STREET ADDRESS	1660 W 14TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP	RIVIERA BEACH, Florida 33404	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BARBARA J. WYLY	
STREET ADDRESS			STREET ADDRESS	1550 W. 13TH STREET	
CITY-ST-ZIP			CITY-ST-ZIP	RIVIERA BEACH, Florida 33404	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: Mary L. Brabham

August 4, 2008