

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

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
6. Name and Address of Current Registered Agent BRABHAM, MARY L 1564 W 9TH STREET RIVIERA BEACH FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
		Zip Code FL
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: <i>Mary L. Brabham DP</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating.) <small>DATE</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE: DS NAME: BRABHAM, MARY STREET ADDRESS: 1564 W 9TH ST CITY-ST-ZIP: RIVIERA BCH FL 33404		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE: <i>DP</i> NAME: <i>MARY L. BRABHAM</i> STREET ADDRESS: <i>1564 W 9TH STREET</i> CITY-ST-ZIP: <i>RIVIERA BEACH, Florida 33404</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: CLARKE, BETTY STREET ADDRESS: 1590 W 14TH ST CITY-ST-ZIP: RIVIERA BCH FL 33404		TITLE: <i></i> NAME: <i></i> STREET ADDRESS: <i></i> CITY-ST-ZIP: <i></i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVT NAME: KNIGHT, GRACIE M STREET ADDRESS: 1660 W. 14TH STREET CITY-ST-ZIP: RIVIERA BEACH FL 33404		TITLE: <i>VP</i> NAME: <i>GRACIE M. KNIGHT</i> STREET ADDRESS: <i>1660 W. 14TH STREET</i> CITY-ST-ZIP: <i>RIVIERA BEACH, Florida 33404</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i></i> NAME: <i></i> STREET ADDRESS: <i></i> CITY-ST-ZIP: <i></i>		TITLE: <i></i> NAME: <i></i> STREET ADDRESS: <i></i> CITY-ST-ZIP: <i></i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i></i> NAME: <i></i> STREET ADDRESS: <i></i> CITY-ST-ZIP: <i></i>		TITLE: <i>DS</i> NAME: <i>BARBARA J. WLY</i> STREET ADDRESS: <i>1550 W. 13TH STREET</i> CITY-ST-ZIP: <i>RIVIERA BEACH, Florida 33404</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <i></i> NAME: <i></i> STREET ADDRESS: <i></i> CITY-ST-ZIP: <i></i>		TITLE: <i></i> NAME: <i></i> STREET ADDRESS: <i></i> CITY-ST-ZIP: <i></i> <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.		

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

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



2nd MOORE CR2E037 (4/08)

4. FEI Number 54-2085701	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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SIGNATURE: *Mary L. Brabham*

August 4, 2008