2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008829

1. Entity Name

BOCA RATON BOTANICAL GARDENS ASSOCIATION, INC.



FILED Jan 09, 2007 8:00 am Secretary of State

01-09-2007 90056 004 ****61.25

Principal Place of Business Mailing Address 2925 NW 24TH TERRACE 2925 NW 24TH TERRACE 60000722 BOCA RATON, FL 33431 BOCA RATON, FL 33431 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 20-1612146 Applied For City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSBORNE, R. BRADY JR Street Address (P.O. Box Number is Not Acceptable) 798 SOUTH FEDERAL HWY STE 100 BOCA RATON, FL 33432 City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be \Box Fiorida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE BARBARA HORAN WOOD, ANN F NAME NAME 2738 KOLLY BROOKE LANE **2925 NW 24 TERRACE** STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP pegerieud beaut pl 33441 CITY-ST-ZIP Addition Delete TITLE Change TITLE JACQUELINE WOOD WOOD, JOHN A NAME NAME 1360 SW 18 ST. STREET ADDRESS STREET ADDRESS **2925 NW 24 TERRACE** 33486 CITY-ST-7/P CITY-ST-ZIP BOCA RATON, FL 33431 BOCA RATION PL Delete TITLE Change ■ Addition TITLE FRENCH, MARJORIE NAME STREET ADDRESS STREET ADDRESS **2768 NW 28 TERRACE** CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENEFIELD, BARBARA NAME NAME 850 NE 71 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Defete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 JAN 2007

561-483-7364

e

Daytime Phone i