


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N04000008829 |  |
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| 1. Entity Name BOCA RATON BOTANICAL GARDENS ASSOCIATION, INC. | Mailing Address 2925 NW 24TH TERRACE BOCA RATON, FL 33431 |
|---|--|

DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-1612146 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent OSBORNE, R. BRADY JR 798 SOUTH FEDERAL HWY STE 100 BOCA RATON, FL 33432 | DO NOT WRITE IN THIS SPACE |
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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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------------|
| TITLE | P |
| NAME | WOOD, ANN F |
| STREET ADDRESS | 2925 NW 24 TERRACE |
| CITY-ST-ZIP | BOCA RATON, FL 33431 |
| TITLE | D |
| NAME | WOOD, JOHN A |
| STREET ADDRESS | 2925 NW 24 TERRACE |
| CITY-ST-ZIP | BOCA RATON, FL 33431 |
| TITLE | D |
| NAME | BENEFIELD, BARBARA |
| STREET ADDRESS | 850 NE 71 STREET |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | D |
| NAME | HORN, BARBARA |
| STREET ADDRESS | 2738 KOLLY BROOKS LANE |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 |
| TITLE | D |
| NAME | WOOD, JACQUELINE |
| STREET ADDRESS | 1360 SW 18 ST |
| CITY-ST-ZIP | BOCA RATON, FL 33486 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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U00000812068
02/12/08-80031-022 61.25

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:  DIRECTOR | 31 JAN 2008 | 561-483-7364 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |