

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # N04000008829**

1. Entity Name  
**BOCA RATON BOTANICAL GARDENS ASSOCIATION, INC.**



Principal Place of Business <b>2925 NW 24TH TERRACE          BOCA RATON, FL 33431</b>	Mailing Address <b>2925 NW 24TH TERRACE          BOCA RATON, FL 33431</b>
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**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**OSBORNE, R. BRADY JR  
 798 SOUTH FEDERAL HWY STE 100  
 BOCA RATON, FL 33432**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, ANN F 2925 NW 24 TERRACE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JOHN A 2925 NW 24 TERRACE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEFIELD, BARBARA 850 NE 71 STREET BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, BARBARA 2738 KOLLY BROOKS LANE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JACQUELINE 1360 SW 18 ST BOCA RATON, FL 33488
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: *John A Wood* DIRECTOR 31 JAN 2008 561-483-7364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #