


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90320 014 \*\*\*\*61.25

<b>DOCUMENT # N06000006101</b> 1. Entity Name <b>SOUTH FLORIDA NATIONAL PARKS TRUST, INC.</b>					
Principal Place of Business <b>1390 SOUTH DIXIE HIGHWAY, SUITE 2203 CORAL GABLES, FL 33146</b>			Mailing Address <b>1390 SOUTH DIXIE HIGHWAY, SUITE 2203 CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>13-4341209</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04212008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>ARAZOZA &amp; FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD</b> <b>ARAZOZA, CARLOS F</b> <b>2100 SALZEDO STREET, SUITE 300</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>See Attached list</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCD</b> <b>MCALILEY, NEAL</b> <b>1390 SOUTH DIXIE HIGHWAY, SUITE 2203</b> <b>CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>SIEGEL, ELLEN</b> <b>1390 SOUTH DIXIE HIGHWAY, SUITE 2203</b> <b>CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>SAIZARBITORIA, INAKI</b> <b>1390 SOUTH DIXIE HIGHWAY, SUITE 2203</b> <b>CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MILIAN, ARENIO</b> <b>1390 S DIXIE HWY 2203</b> <b>CORAL GABLES, FL 33146</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MENDIETA, JUAN C</b> <b>1390 S DIXIE HWY 2203</b> <b>CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/24/08*

# ATTACHMENT

40083263

## Directors of the SOUTH FLORIDA NATIONAL PARKS TRUST

Document #N06000006101

### Additions to Officers and Directors for Annual Report submitted April 2008

**Chisholm, Robert E.** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Curlett, John J.** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**DeFoor, J. Allison** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Fischer, Douglas R.** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Guerra, Armando J.** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Harris, Glenn A.** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Hoover, Elizabeth Lacey** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Koenig, Timothy J.** Director

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

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Directors of the  
SOUTH FLORIDA NATIONAL PARKS TRUST

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Additions to Officers and Directors for Annual Report submitted April 2008

**Miller, Lloyd**

**Director**

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Mitrani, Alberto A.**

**Director**

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769

**Skinner, Robert F.**

**Director**

1390 South Dixie Highway #2203  
Coral Gables, FL. 33146  
305.665.4769