

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90001 008 ****61.25

DOCUMENT # N44577

1. Entity Name
AUDUBON FOUNDATION FOR THE ENVIRONMENT, INC.



Principal Place of Business
**317 NE THIRD ST
BOCA RATON, FL 33432 US**

Mailing Address
**317 NE THIRD ST
BOCA RATON, FL 33432 US**

DO NOT WRITE IN THIS SPACE



05172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0311971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAURER, JANI E. ESQ.
1489 W. PALMETTO PARK ROAD
SUITE 440
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 7, 2005**

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
**TD
O'ROURKE, GEORGE
317 NE THIRD ST
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PEYTON, ANN
446 N.W. 5TH AVE
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PARMALEE, ALAN
4765 N.W. 6TH CT
DELRAY BEACH, FL**

33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
OSBORNE, NATALIE
1242 NW 4TH ST
BOCA RATON, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VD
FURMAN, ANDREW
1257 NW 14TH STREET
BOCA RATON, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

5/17/05

Date

561-368-0112

Daytime Phone #