

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000003558

1. Entity Name
**THE HORTICULTURE SOCIETY OF SOUTH FLORIDA,
INC.**



Principal Place of Business
**464 FERN STREET
WEST PALM BEACH, FL 33401 US**

Mailing Address
**464 FERN STREET
WEST PALM BEACH, FL 33401 US**



07102006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0511526

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADLE, JOY
464 FERN ST.
WEST PALM BEACH, FL 33401**

**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 6, 2006**

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
**D
PICKETT, DON
1550 FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGGENTHEIN, DONNA
1901 EMILIO LANE
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MEEKER, DAVID
725 CLAREMORE DRIVE
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PANNILL, WILLIAM G
4 S LAKE TRAIL
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HUNTER, FRANCES
201 PORTER ROAD
WEST PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PICKERING, SUSAN
525 S. FLAGLER DRIVE., APT. 22-F
WEST PALM BEACH, FL 33401**

U000000576595
09/11/06-80001-007 70.00

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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 #