


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

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002242
1. Entity Name
FRIENDS OF THE LANTANA NATURE PRESERVE, INC.



Principal Place of Business Mailing Address
**206 N. ATLANTIC DR
LANTANA, FL 33462** **206 N. ATLANTIC DR
LANTANA, FL 33462**

DO NOT WRITE IN THIS SPACE



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0620324 Not Applicable

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

6. Name and Address of Current Registered Agent
**BALFOUR, HELENE
206 N. ATLANTIC DR
LANTANA, FL 33462**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$61.25
Due by May 1, 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	P BALFOUR, HELENE 206 NORTH ATLANTIC DRIVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, DONNIE 604 WEST OCEAN AVENUE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAIT, GLORIA 826 N ATLANTIC DR. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEZZUTO, MARGARET 410 N ATLANTIC DR. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUCH, VERONICA 921 LANDS END RD. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/05-80058-001 61.25

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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: Helene Balfour 2/15 561-588-7427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #