

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002242

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FRIENDS OF THE LANTANA NATURE PRESERVE, INC.

**Current Principal Place of Business:**

206 N. ATLANTIC DR  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

206 N. ATLANTIC DR  
LANTANA, FL 33462

**New Mailing Address:**

**FEI Number:** 65-0620324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALFOUR, HELENE M P  
206 N. ATLANTIC DR  
LANTANA, FL 33462 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BALFOUR, HELENE  
Address: 206 NORTH ATLANTIC DRIVE  
City-St-Zip: LANTANA, FL 33462

Title: V ( ) Delete  
Name: BROWN, DONNIE  
Address: 604 WEST OCEAN AVENUE  
City-St-Zip: LANTANA, FL 33462

Title: T ( ) Delete  
Name: TAIT, GLORIA  
Address: 826 N ATLANTIC DR.  
City-St-Zip: LANTANA, FL 33462

Title: S ( ) Delete  
Name: PEZZUTO, MARGARET  
Address: 410 N ATLANTIC DR.  
City-St-Zip: LANTANA, FL 33462

Title: D ( ) Delete  
Name: RAUCH, VERONICA  
Address: 921 LANDS END RD.  
City-St-Zip: LANTANA, FL 33462

Title: D ( ) Delete  
Name: BLACK, JUDY  
Address: 417 S. ATLANTIC DR.  
City-St-Zip: LANTANA, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BALFOUR, HELENE M  
Address: 206 NORTH ATLANTIC DRIVE  
City-St-Zip: LANTANA, FL 33462

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BALFOUR, HELENE M

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date