2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Aug 07, 2007 8:00 am Secretary of State

DOCUMENT # N950000026 1. Entity Name TRACT 20 MITIGATION AREA ASSOC				-07-2007 90026 013 ****	61.25
Principal Place of Business 301 W. CAMINO GARDENS BLVD. #200	Mailing Address 301 W. CAMINO GARDENS BLVD. #200		dateon.	. .	
BOCA RATON, FL 33432 US	BOCA RATON, FL 3343	2 US			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07032007 Chg	g-NP CR2E037 (12/06)
City & State	City & State		4. FEI Number 65-0634710)	Applied For Not Applicable
Zip Country	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Re	gistered Agent		7. Name and Addre	ess of New Registered Agent	
GLEN, ANDREW C 301 W. CAMTRO GARDENS BLVD SUITE 200 BOCA RATON, FL 33430		Street Address	(BO. Box Number is No Park of Con		-nc .
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and FIIIng Fee is \$61.25	TENA V	egistered office or regist	ered agent, or both, in the	ne State of Florida. I am familiar wi	1267
Due by September 14, 2007 Trust Fund Co			Added to Fees	Florida Department of	
TITLE PD BROWN, LENORA STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-S1-ZIP	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS Chang	
TITLE VD NAME FRANCUZ, GREG STREET ADDRESS 301 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Chang	Addition
TITLE TD NAME FREIMYER, TAMMY STREET ADDRESS 301 W. CAMINO GARDENS BLVD. CITY-SI-ZIP BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleie	TITLE NAME STREET ADDRESS		Change	Addition

Indicated on this report or supplied with this lifting obes not quality for the exemptions contained in Chapter 119, Florida Statutes. 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

Daytime Phone #