


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90025 043 ****61.25

DOCUMENT # N95000002622 1. Entity Name TRACT 20 MITIGATION AREA ASSOCIATION, INC.					
Principal Place of Business 301 W. CAMINO GARDENS BLVD. #200 BOCA RATON, FL 33432 US		Mailing Address 301 W. CAMINO GARDENS BLVD. #200 BOCA RATON, FL 33432 US			
2. Principal Place of Business - No P.O. Box # <i>BLVD</i> <i>6300 PARK OF COMMERCE</i>		3. Mailing Address <i>6300 PARK OF COMMERCE BLVD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062008 Chg-NP CR2E037 (12/06)	
City & State <i>BOCA RATON FL</i>		City & State <i>BOCA RATON FL</i>		4. FEI Number 65-0634710	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip <i>33487</i> Country <i>PALM BCH</i>		Zip <i>33487</i> Country <i>PALM BCH</i>		6. Name and Address of Current Registered Agent	
PRIME MANAGEMENT GROUP, INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, LENORA 301 W. CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCUZ, GREG 301 W. CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREIMYER, TAMMY 301 W. CAMINO GARDENS BLVD., #100 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RONALD CAPITENA</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SECT. RONALD CAPITENA 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Ronald Capitenia</i>			Date: <i>3-10-08</i>		Daytime Phone #: <i>561-997-4045</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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