

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 05, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N95000003626**

1. Entity Name

**REDLAND TROPICAL GARDENS AND BOTANICAL  
FOUNDATION, INC.**



Principal Place of Business

**240 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US**

Mailing Address

**240 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 US**



03012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0655603**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUSTER, MARGIE  
240 NORTH KROME AVENUE  
HOMESTEAD, FL 33030**

**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

*M. B. Buster*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/2/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000658046  
03/15/07-80022-007 70.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BUSTER, MARGIE  
240 NORTH KROME AVENUE  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAMPBELL, RUTH  
240 NORTH KROME AVENUE  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MULHERN, PAUL  
240 NORTH KROME AVENUE  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALDMAN, MERVIN  
240 NORTH KROME AVENUE  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*M. B. Buster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/07 (305) 247-2016*

DATE

DAYTIME PHONE #