

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90006 025 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001891**

1. Corporation Name

**FLORIDA LANDSCAPE DESIGNERS ASSOCIATION, INC.**

Principal Place of Business  
500 NORTH APPELYARD DRIVE  
TALLAHASSEE FL 32304

Mailing Address  
POST OFFICE BOX 2513  
TALLAHASSEE FL 32316



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 04/03/1997 4. FEI Number 59-3438243 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent ALLBRITTON, HADLEY G 500 NORTH APPELYARD DRIVE TALLAHASSEE FL 32304	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Gale Allbritton Hadley*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	DORST, JOY	1.2 NAME	JOY DORST
STREET ADDRESS	1312 MILTON ST.	1.3 STREET ADDRESS	1312 MILTON Street
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	S	2.1 TITLE	VICE PRESIDENT
NAME	WILLOUGHBY, WINDEE	2.2 NAME	JUDY DRAKE
STREET ADDRESS	1807 CHILLI NENE	2.3 STREET ADDRESS	2849 VILLAGE GROVE DR SOUTH
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	T	3.1 TITLE	DIRECTOR
NAME	DRAKE, JUDY	3.2 NAME	DAVID DAVIS
STREET ADDRESS	2849 VILLAGE GROVE DR. SOUTH	3.3 STREET ADDRESS	10750 LANNON LANE
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D	4.1 TITLE	DIRECTOR
NAME	POWERS, WARREN	4.2 NAME	STEVE FAIRTRACE
STREET ADDRESS	3508 CARDINAL PT. DR.	4.3 STREET ADDRESS	SFWMD/ PO Box 24680
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33416-4680
TITLE	D	5.1 TITLE	TREASURER
NAME	FORD, DAN	5.2 NAME	WILL GRUBBS
STREET ADDRESS	PO BOX 3959 N/A	5.3 STREET ADDRESS	PO BOX 14291
CITY-ST-ZIP	VERO BEACH FL 32964	5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	D	6.1 TITLE	SECRETARY
NAME	FORD, MIKE	6.2 NAME	KATHY MEASE
STREET ADDRESS	1260 DEER RUN LANE	6.3 STREET ADDRESS	4627 PEACHTREE CIRCLE E
CITY-ST-ZIP	NAPLES FL 34120	6.4 CITY-ST-ZIP	JACKSONVILLE FL 32207

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gale Allbritton Hadley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-99

Daytime Phone #

CR2E037 (5/99)