

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90109 031 \*\*\*\*61.25

<b>DOCUMENT # N97000001935</b>					
<b>1. Entity Name</b> TROPICAL FLOWERING TREE SOCIETY OF PALM BEACH COUNTY INC.					
<b>Principal Place of Business</b> BOCA RATON COMMUNITY CTR 150 NW CRAWFORD AVE BOCA RATON, FL 33432 US			<b>Mailing Address</b> 1101 NW 5 AVENUE BOCA RATON, FL 33432 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0408303	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCHNEIDER, HARVEY R ESQ. 1900 CORPORATE BLVD., NW SUITE 301-WEST BOCA RATON, FL 33431			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
SCHNEIDER, HARVEY R ESQ. 1900 CORPORATE BLVD., NW SUITE 301-WEST BOCA RATON, FL 33431			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PBD KLUGE, RAY 260 SW 56TH TER # 103 MARGATE, FL 33068	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPBD SHELLY, JOHN 920 SW 11TH TER BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TBD JENNINGS, ROBERT W 1101 NW 5TH AVE BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SBD HILLMAN, MARY 4025 N FEDERAL HWY # B228 OAKLAND PARK, FL 33308	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D HORAN, BARBARA 2738 KELLEY BROOKE LANE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MAZALESKI, LILLIAN 949 SW 124TH ST BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPBD CARPENTER, DON 1051 SW 18TH ST BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D OWENS, BOB 236 NW 7TH ST BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert W. Jennings</i> <b>1/19/06</b> <b>561-338-5249</b>					