

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

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000000849**

1. Entity Name

FLORIDA ATLANTIC UNIVERSITY RESEARCH AND  
DEVELOPMENT PARK MAINTENANCE ASSOCIATION,  
INC.



Principal Place of Business

2300 CORPORATE BLVD NW, STE 238  
BOCA RATON, FL 33431

Mailing Address

2300 CORPORATE BLVD NW, STE 238  
BOCA RATON, FL 33431



03142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0903225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MACLAREN, LINDA O  
798 S FEDERAL HWY, STE 100  
BOCA RATON, FL 33432

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BROGAN, FRANK  
STREET ADDRESS 777 GLADES RD  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME FRIEDMAN, BOB  
STREET ADDRESS 777 GLADES RD.  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME ELLINGTON, SCOTT C  
STREET ADDRESS 3701 FAU BLVD., #208  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME TRINKA, ROXANNA  
STREET ADDRESS 3701 FAU BLVD., #208  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME HEAD, THOMAS A  
STREET ADDRESS 3701 FAU BLVD., #205  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME WARGO, JOHN  
STREET ADDRESS 485 NE 28TH ROAD  
CITY-ST-ZIP BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

U00000718297  
05/01/07-80017-004 61.25

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John Wargo, Director

April 5, 2007

561-395-2228

Date

Daytime Phone #