


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
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
--	--



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0903225	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	U000000913193 05/08/08-80006-012 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROGAN, FRANK 777 GLADES RD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, BOB 777 GLADES RD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLINGTON, SCOTT C 3701 FAU BLVD., #208 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRINKA, ROXANNA 3701 FAU BLVD., #208 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, THOMAS A 3701 FAU BLVD., #205 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARGO, JOHN 485 NE 28TH ROAD BOCA RATON, FL 33431

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 16, 2008 (561) 395-2228
Date Daytime Phone #

John Wargo, Director