2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 754969

1. Entity Name
SECURITY TRADERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O GUZMAN & COMPANY 101 ARAGON AVENUE CORAL GABLES, FL 33134 US	C/O GUZMAN & COMPANY 101 ARAGON AVENUE CORAL GABLES, FL 33134 US

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04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2121451
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, JOHN A
225 NE MIZNER BLVD, SUITE 400
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, JOHN
STREET ADDRESS	225 NE MIZNER BLVD, SUITE 400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	TD
NAME	EGUILIOR, GENEMARIE B
STREET ADDRESS	101 ARAGON AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	1VPD
NAME	MASTRIANNI, GERALD
STREET ADDRESS	330 W LAKE MARY, SUITE 350
CITY-ST-ZIP	LAKEMARY, FL 32746
TITLE	SD
NAME	PROCTOR, FRANCES
STREET ADDRESS	225 E ROBBINSON ST, SUITE 255
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	SKOLNICK, JAY
STREET ADDRESS	2419 E COMMERCIAL BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/16/04-80003-006 70.00

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12. 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 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: Louis G. Mumbrower 6/14/04 407-333-7958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #