

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759824

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.

**Current Principal Place of Business:**

7154 N. UNIVERSITY DRIVE  
#299  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7154 N. UNIVERSITY DRIVE  
#299  
TAMARAC, FL 33321 US

**New Mailing Address:**

FEI Number: 59-2119401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSENDORF, DAVID  
2525 PONCE DE LEON BLVD.  
9TH FLOOR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

KEENAN, PAUL  
1221 BRICKELL AVENUE  
MIAMI, FL 33131 US

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.

SIGNATURE: PAUL KEENAN

04/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KEENAN, PAUL  
Address: 1221 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131 US

Title: PE  
Name: MOON, JAMES  
Address: 200 SOUTH BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131 US

Title: 1VP  
Name: CHRISTIANSON, ILEANA  
Address: 1221 BRICKELL AVE. #1650  
City-St-Zip: MIAMI, FL 33131 US

Title: 2VP  
Name: JONES, JASON Z  
Address: 200 SOUTH BISCAYNE BLVD., SUITE 2500  
City-St-Zip: MIAMI, FL 33131 US

Title: D  
Name: ROSENDORF, DAVID  
Address: 2525 PONCE DE LEON BLVD., 9TH FLOOR  
City-St-Zip: MIAMI, FL 33134 US

Title: D  
Name: SAMOLE, DAVID  
Address: 2525 PONCE DE LEON BLVD., 9TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL KEENAN

P

04/06/2010

Electronic Signature of Signing Officer or Director

Date