

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50473

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: ASSOCIATION OF SOUTH FLORIDA MEDIATORS, INC.

**Current Principal Place of Business:**

116 SE 6TH CT  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

116 SE 6TH CT  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0355827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FISCHLER, MICHAEL A.  
116 SOUTHEAST 6TH CT  
FT. LAUDERDALE, FL 33301      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BASS, IRIS M  
Address: 1900 W COMMERCIAL BLVD., #130  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PD ( ) Delete  
Name: POTTHOFF, JEANNE E  
Address: 201 SE 6TH STREET, RM 565  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PED ( ) Delete  
Name: ROBIN, ELINOR  
Address: 1600 WEST HILLSBORO BLVD, RM 130  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD ( ) Delete  
Name: GOLDFARH, LINDA  
Address: 3451 NO. HILLS DR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD ( ) Delete  
Name: SHAW, ROBIN C  
Address: 980 N FEDERAL HWY #401  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHAW, ROBIN CARAL  
Address: 980 N FEDERAL HWY, #404  
City-St-Zip: BOCA RATON, FL 33432

Title: TD (X) Change ( ) Addition  
Name: WELTMAN, ALLAN  
Address: 1501 E ATLANTIC BLVD  
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD (X) Change ( ) Addition  
Name: EICHELBAUM, BETTY  
Address: 2496 NW 49TH TERRACE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D (X) Change ( ) Addition  
Name: LEVREY, LINDA  
Address: 3451 NORTH HILLS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PED (X) Change ( ) Addition  
Name: SCHWEINLER, PAUL  
Address: 11776 W SAMPLE RD, #104  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBIN CARAL SHAW

PD

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date