

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000183

FILED  
May 09, 2006  
Secretary of State

Entity Name: ACADEMY OF FLORIDA ELDER LAW ATTORNEYS, INC.

**Current Principal Place of Business:**

2810-C INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13978  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

FEI Number: 65-0281151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CABRERA, SUSAN  
2810-C INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301 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: IPP ( ) Delete  
Name: MONDSCHHEIN, LEONARD E  
Address: 9000 SW 87TH CT., STE. 260  
City-St-Zip: MIAMI, FL 33176

Title: SEC ( ) Delete  
Name: PYLE, MICHAEL A  
Address: 1655 N. CLYDE MORRIS BLVD., STE 1  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P ( ) Delete  
Name: BOYER, EDWIN M  
Address: 26 N. WASHINGTON, STE. 21  
City-St-Zip: SARASOTA, FL 34236

Title: PE ( ) Delete  
Name: REITER FELD, ALICE  
Address: 5701 N. PINE ISLAND RD., STE 260  
City-St-Zip: TAMARAC, FL 33321

Title: T ( ) Delete  
Name: BRYAN, RANDY C  
Address: 251 PLAZA DR., STE. B  
City-St-Zip: OVIEDO, FL 32765

Title: ED ( ) Delete  
Name: CABRERA, SUSAN  
Address: PO BOX 13978  
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SUSAN CABRERA

ED

05/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date