

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

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90016 025 \*\*\*\*61.25

**DOCUMENT # 711325**

1. Entity Name  
**BUILDERS ASSOCIATION OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**15225 N W 77 AVE  
MIAMI LAKES, FL 33014**

Mailing Address  
**15225 N W 77 AVE  
MIAMI LAKES, FL 33014**

**40019506**



01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0525914**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PACELLI-HINKLEY, TONI  
15225 NW 77TH AVE  
MIAMI LAKES, FL 33014**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MELENDI, REY
STREET ADDRESS	7830 N.W. 175 STREET Suite 400
CITY-ST-ZIP	MIAMI, FL <del>33014</del> 33172
TITLE	President-elect
NAME	BOSCH, ASHLEY
STREET ADDRESS	2655 LEJEUNE RD., SUITE 409
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	Past President
NAME	CANDOSO, SILVIO
STREET ADDRESS	7975 NW 154TH ST STE 400
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	ST
NAME	Fernando Martinez
STREET ADDRESS	11755 SW 90th Street, Suite 210
CITY-ST-ZIP	Miami, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Toni Pacelli-Hinkley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #