

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753998

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC9683682070**

**Entity Name:** SOUTH FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.

**Current Principal Place of Business:**

C/O CAROL SHEETS, MURRAY MORIN & HERMAN, P.A.  
255 ALHAMBRA CIRCLE SUITE 750  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O CAROL SHEETS, MURRAY MORIN & HERMAN, P.A.  
255 ALHAMBRA CIRCLE SUITE 750  
CORAL GABLES, FL 33134 US

**FEI Number: 59-2062025**

**Certificate of Status Desired: No**

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

SMITH-BILT, VICKI  
333 AVENUE OF AMERICAS  
SUITE 4400  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SHEETS, CAROL M  
Address        255 ALHAMBRA CIRCLE  
                  SUITE 750  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           DASHER, LISA  
Address        2800 PONCE DE LEON BLVD., SUITE  
                  800  
City-State-Zip: MIAMI FL 33134

Title           SECRETARY  
Name           BLANCO, KRISTINE  
Address        200 S. BISCAYNE BOULEVARD  
                  SUITE 4300  
City-State-Zip: MIAMI FL 33131

Title           DIRECTOR  
Name           LAWSON, PAULA  
Address        100 SE 2ND STREET  
                  44TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title           VP  
Name           COLON, MARIE  
Address        333 SE SECOND AVENUE  
                  SUITE 700  
City-State-Zip: MIAMI FL 33131

Title           PRESIDENT-ELECT  
Name           PAWLOSKI, JUDITH  
Address        707 SE 3RD AVENUE  
                  SUITE 500  
City-State-Zip: FT. LAUDERDALE FL 33316

Title           PRESIDENT  
Name           SMITH-BILT, VICKI L  
Address        333 SE 2ND AVENUE  
                  SUITE 4400  
City-State-Zip: MIAMI FL 33131

*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: LISA R. DASHER**

**DIRECTOR**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date