

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004275

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC0772989542**

**Entity Name:** SOUTH FLORIDA CARNIVAL BAND LEADERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1390 NW 200 STREET  
MIAMI, FL 33169

**Current Mailing Address:**

1390 NW 200 STREET  
MIAMI, FL 33169 US

**FEI Number: 42-1728507**

**Certificate of Status Desired: Yes**

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

LIMERE, ALLISON  
1390 NW 200 STREET  
MIAMI, FL 33169 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 D, PRESIDENT  
Name IRISH, ANTHONY  
Address 636 EVANSTON CIRCLE  
City-State-Zip: FT. LAUDERDALE FL 33312

Title D, VP  
Name LIMERE, ALLISON  
Address 1390 NW 200 STREET  
City-State-Zip: MIAMI FL 33169

Title D, SECRETARY, TREASURER  
Name GONSALVES, ROBERT  
Address 20530 NW 7TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title D, PUBLIC RELATIONS OFFICER  
Name SEALY, ROSLYN  
Address 4203 SW 124 TERRACE  
City-State-Zip: MIRAMAR FL 33027

Title D, TRUSTEE  
Name AZARD, ROLDYE  
Address 2615 NW 123 AVE  
City-State-Zip: CORAL SPRING FL 33065

Title D, PARLIMENTARIAN, CO-TRUSTEE  
Name BYER, GARFIELD R  
Address 7500 HARBOUR BLVD  
City-State-Zip: MIRAMAR FL 33023

*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: ALLISON LIMERE**

**D, VICE PRESIDENT**

**04/15/2013**

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

\_\_\_\_\_  
Date