

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45206

**Entity Name:** SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.

**FILED**  
**Apr 25, 2020**  
**Secretary of State**  
**0265612982CC**

**Current Principal Place of Business:**

C/O ROBERT F MAHONEY PA CPA  
7777 GLADES RD # 217  
BOCA RATON, FL 33434

**Current Mailing Address:**

C/O ROBERT F MAHONEY PA CPA  
7777 GLADES RD # 217  
BOCA RATON, FL 33434 US

**FEI Number: 65-0428320**

**Certificate of Status Desired: No**

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

ROBERT F MAHONEY PA CPA  
C/O ROBERT F MAHONEY PA CPA  
7777 GLADES RD # 217  
BOCA RATON, FL 33434 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: ROBERT F MAHONEY**

**04/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            IGLESIAS, FRANCISCO  
Address        C/O ROBERT F MAHONEY PA CPA  
                  7777 GLADES RD # 217  
City-State-Zip: BOCA RATON FL 33434

Title            SECRETARY, DIRECTOR  
Name            RUIZ, ALI  
Address        7777 GLADES RD STE 217  
City-State-Zip: BOCA RATON FL 33434

Title            REGISTRAR, DIRECTOR  
Name            CABANA-LOPEZ, MELISSA  
Address        7777 GLADES RD STE 217  
City-State-Zip: BOCA RATON FL 33434

Title            VICE PRESIDENT, DIRECTOR  
Name            MACNAMARA, MARY  
Address        C/O ROBERT F MAHONEY PA CPA  
                  7777 GLADES RD # 217  
City-State-Zip: BOCA RATON FL 33434

Title            TREASURER, DIRECTOR  
Name            CRUZ, MARY ANN  
Address        C/O ROBERT F MAHONEY PA CPA  
                  7777 GLADES RD # 217  
City-State-Zip: BOCA RATON FL 33434

*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: FRANCISCO IGLESIAS**

**PRESIDENT**

**04/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date