

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45206

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

**FILED**  
**Jun 08, 2015**  
**Secretary of State**  
**CC7847453523**

**Current Principal Place of Business:**

C/O ROBERT F MAHONEY PA  
7777 GLADES RD # 209  
BOCA RATON, FL 33434

**Current Mailing Address:**

C/O ROBERT F MAHONEY P A  
7777 GLADES RD SUITE 209  
BOCA RATON, FL 33434

**FEI Number: 65-0428320**

**Certificate of Status Desired: No**

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

ROBERT F MAHONEY PA  
7777 GLADES ROAD SUITE 209  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GOLDBERG, LARRY  
Address        7777 GLADES RD  
                  STE 209  
City-State-Zip: BOCA RATON FL 33434

Title            T  
Name            CANCEL, HENRY  
Address        7777 GLADES RD, STE 209  
City-State-Zip: BOCA RATON FL 33434

Title            SECRETARY  
Name            CRUZ, MARY ANN  
Address        C/O ROBERT F MAHONEY PA  
                  7777 GLADES RD # 209  
City-State-Zip: BOCA RATON FL 33434

Title            VP  
Name            MILBAUER, LUBA  
Address        C/O ROBERT F MAHONEY PA  
                  7777 GLADES RD # 209  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            MACNAMARA, MARY  
Address        C/O ROBERT F MAHONEY PA  
                  7777 GLADES RD # 209  
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: LARRY GOLDBERG**

**PRESIDENT**

**06/08/2015**

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

\_\_\_\_\_  
Date