## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701205** 

FILED Jun 24, 2009 Secretary of State

Entity Name: HISTORICAL ASSOCIATION OF SOUTHERN FLORIDA, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
I01 W. FL MAMI, FL	AGLER STREET 33130	
Current M	Nailing Address:	New Mailing Address:
I01 W. FL ИIАМІ, FL	AGLER STREET . 33130	
n accordan	nce with s. 607.193(2)(b), F.S., the corporation did not rec	•
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
MCCAMMON, ROBERT HISTORICAL MUSEUM 101 WEST FLAGLER ST. MIAMI, FL 33130 US		MCCAMMON, ROBERT H HISTORICAL MUSEUM 101 WEST FLAGLER ST. MIAMI, FL 33130 US
	e named entity submits this statement for the purpo e of Florida.	ose of changing its registered office or registered agent, or both
SIGNATU	RE: ROBERT H MCCAMMON	06/24/2009
	Electronic Signature of Registered Agent	Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Jame: Address: Dity-St-Zip:	T () Delete RENDEIRO, CAROLINA 1395 BRICKELL AVE #800 MIAMI, FL 33131	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: ddress: city-St-Zip:	T () Delete ROSENBERG, MICHAEL 3550 ROYAL PALM AVE. FORT LAUDERDALE, FL 333133	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: ddress: city-St-Zip:	T () Delete CAMPBELL, DENNIS 799 BRICKELL PLAZA SUITE 900 MIAMI, FL 33131	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: .ddress: city-St-Zip:	T () Delete PARNES, EDMUND 8700 N. KENDALL DR SUITE 221 MIAMI, FL 33176	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: .ddress: :ity-St-Zip:	T () Delete WILLIAM, HOLLY 1221 BRICKELL AVE #304 MIAMI, FL 33133	Title: T (X) Change ( ) Addition Name: MESNEKOFF, FAITH Address: 2937 SW 27 AVE City-St-Zip: MIAMI, FL 33133
itle:	D ( ) Delete MCCAMMON, ROBERT	Title: D (X) Change ( ) Addition Name: MCCAMMON, ROBERT H

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT H MCCAMMON D 06/24/2009