

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708293

FILED
Feb 21, 2011
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF ATTORNEY-CERTIFIED PUBLIC ACCOUNTANTS, INC.

Current Principal Place of Business:

C/O SYDNEY S. TRAUM, P. A.
1688 MERIDIAN AVENUE - SUITE 902
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O SYDNEY S. TRAUM, PRESIDENT
55 SOUTH PROSPECT DRIVE
CORAL GABLES, FL 33133

New Mailing Address:

C/O SYDNEY S. TRAUM, PRESIDENT
1688 MERIDIAN AVENUE - SUITE 902
MIAMI BEACH, FL 33139

FEI Number: 59-1623459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAUM, SYDNEY S
1688 MERIDIAN AVENUE
SUITE 902
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: LIOCE, DOMENICK R
Address: 1645 PALM BEACH LAKES BLVD. - STE 1200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: COB
Name: TRAUM, SYDNEY S
Address: 1688 MERIDIAN AVENUE - SUITE 902
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD
Name: LEONE, MICHAEL
Address: 440 COLUMBIA DRIVE - STE 500
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD
Name: KRATISH, TRACI
Address: 16068 GLENCREST AVENUE
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD
Name: BAILEY, MERRELL M
Address: 610 SOUTH MAITLAND AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: VD
Name: BAIN, BASIL
Address: 1100 FIFTH AVENUE SOUTH - SUITE 201
City-St-Zip: NAPLES, FL 34102

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: MICHAEL S LEONE

TD

02/21/2011

Electronic Signature of Signing Officer or Director

Date