# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 30, 2012**
**Secretary of State**

DOCUMENT# 708293

**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
1688 MERIDIAN AVENEUE - SUITE 902
MIAMI BEACH, FL 33139

**New Mailing Address:**

C/O SYDNEY S. TRAUM, P. A.
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 LEONE TREA 01/30/2012

Electronic Signature of Signing Officer or Director — Date