

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:10

DOCUMENT # 711325 (1)

1. Corporation Name

BUILDERS ASSOCIATION OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/10/1966
3a. Date of Last Report 05/01/1994
4. FEI Number 59-0525914
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

Principal Place of Business

Mailing Address

15225 N W 77 AVE
MIAMI LAKES FL 33014

15225 N W 77 AVE
MIAMI LAKES FL 33014

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Country

24 Country

29 Zip

25 Country

30 Zip

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENNON, CHARLES W
15225 NW 77TH AVE
MIAMI LAKES FL 33014

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LENNON, CHARLES W
STREET ADDRESS 15225 NW 77TH AVE.
CITY - ST - ZIP MIAMI LAKES FL
TITLE V/D
NAME MACDONALD, WEST
STREET ADDRESS 1390 S. DIXIE HWY., STE. 2220
CITY - ST - ZIP CORAL GABLES FL
TITLE S/D
NAME NEW
STREET ADDRESS 5901 SW 110T
CITY - ST - ZIP MIAMI FL 33154
TITLE P
NAME ADLER, DAVID
STREET ADDRESS 2601 BAYSHORE DR., STE. 1475
CITY - ST - ZIP COCONUT GROVE FL
TITLE T
NAME STEVE MASSON
STREET ADDRESS 7523 SW 95 PL/DARMOUTH ENT. CORP.
CITY - ST - ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Signature Trace #

Charles W. Lennon

x 4/12/95 x 305 5566300