

6-25-98 B 7976 C  
FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711325** (1)  
1. Corporation Name  
**BUILDERS ASSOCIATION OF SOUTH FLORIDA, INC.**



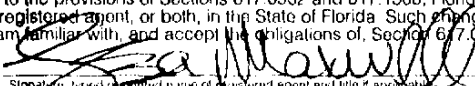
Principal Place of Business <b>15225 N W 77 AVE MIAMI LAKES FL 33014</b>	Mailing Address <b>15225 N W 77 AVE MIAMI LAKES FL 33014</b>
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3. Date Incorporated or Qualified <b>08/10/1966</b>	
4. FEI Number <b>59-0525914</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>SCURR, CHARLES 15225 N.W. 77 AVENUE MIAMI FL 33014</b>	10. Name and Address of New Registered Agent 81 Name <b>LISA HAYWELL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>15225 NW 77AVE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33114</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  DATE **6-1-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SCURR, CHARLES</b>
STREET ADDRESS	<b>15225 N.W. 77TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33014</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D MASSON, STEVE</b>
STREET ADDRESS	<b>7523 S.W. 95 PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D PRIME BLDG. CORP</b>
STREET ADDRESS	<b>1295 S.W. 133 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D BROOKMAN-FELS,</b>
STREET ADDRESS	<b>5900 S.W. 111 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33019</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D PREMIER DESIGN</b>
STREET ADDRESS	<b>11030 N. KENDALL AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D LISA HAYWELL</b>
1.3 STREET ADDRESS	<b>15225 NW 77AVE</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33114</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D JON FEIS</b>
2.3 STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
2.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D VINCE PAIAZZO</b>
3.3 STREET ADDRESS	<b>200 E BROWARD BLVD STE 200</b>
3.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D DENNIS KLEINMAN</b>
4.3 STREET ADDRESS	<b>19495 DISCAYNG BLVD STE 403</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL 33180</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/29/98** **305-556-6300**

CR2E037 (10/97)