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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90012 022 ***211.25

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DOCUMENT # 711325

1. Corporation Name
BUILDERS ASSOCIATION OF SOUTH FLORIDA, INC.

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/10/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0525914 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAXWELL, LISA
15225 NW 77TH AVE
MIAMI FL 33014

10. Name and Address of New Registered Agent

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 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 Lisa Maxwell 2-22-99
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAXWELL, LISA 15225 NW 77TH AVE MIAMI FL 33014	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MAXWELL LISA 15225 NW 77AVE MIAMI FL 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELS, JON 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D JIM WORIE 200 S. BISCAYNE BLVD STE 3900 MIAMI FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALAZZOLO, VINCE 200 E BROWARD BLVD STE 2000 FT. LAUDERDALE FL 33301	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D HAL EISENACHER 9350 SUNSET DRIVE STE 100 MIAMI FL 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEINMAN, DENNIS 19495 BISCAYNE BLVD STE 409 AVENTURA FL 33180	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D FRANK ROBIES 11030 N KENDALL DR. STE 100 MIAMI FL 33176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lisa Maxwell 2-22-99 954-525-8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #