

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711763

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** BUILDING MANAGERS INTERNATIONAL, INC.

**Current Principal Place of Business:**

2827 STRAWBERRY TERR  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7187  
NORTH PORT, FL 34287 US

**New Mailing Address:**

PO BOX 7187  
NORTH PORT, FL 34290 US

**FEI Number:** 59-2333800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILL, THOMAS L TD  
2827 STRAWBERRY TERRACE  
NORTH PORT, FL 34286 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: TD ( ) Delete  
Name: HILL, THOMAS L  
Address: 2827 STRAWBERRY TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: S ( ) Delete  
Name: COFFEEN, ROBERT  
Address: 4601 GULF SHORE BLVD. NORTH  
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete  
Name: STEWART, JAMES  
Address: 4931 BONITA BAY BLVD, #100  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: MURPHY, JAMES  
Address: 1962 TARPON BAY DR., N.  
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete  
Name: BRAUN, MARK  
Address: 20355 NE 34TH CT, #1628  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: BROOKS, RICHARD  
Address: 9463 S.E. SATURN DR.  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS L. HILL, CBA, TREASURER

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date