


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90001 011 \*\*\*\*61.25

<b>DOCUMENT # 730056</b> 1. Entity Name CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHEAST FLORIDA, INC.					
Principal Place of Business 501 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301 US			Mailing Address 501 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1608989	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GILLIG, MARSHALL 501 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name <u>Farese, Linda</u> <u>WACHOVIA BANK, N.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5355 Town Center Road</u> City <u>Boca Raton,</u> <u>FL</u> Zip Code <u>33486</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Linda Farese, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8-11-2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLL, DIANA 2233 N COMMERCE PKWY ST 3 WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Farese, Linda 5355 Town Center Road Boca Raton, FL 33486
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RESTREPO, JAIME 150 E PALMETTO PARK RD ST 2000 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Noblett, Monique 1100 East Las Olas Blvd Vice President Fort Lauderdale, FL 33301
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLIG, MARSHALL 501 E LAS OLAS BLVD FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karnegis, James 100 NE 3rd Ave, # 100 Treasurer Fort Lauderdale, FL 33301
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARESE, LINDA 800 S FEDERAL HWY BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Calfo, Cynthia Secretary 401 East Las Olas Blvd, 21st Fl Fort Lauderdale, FL 33301
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Linda Farese, President</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Linda Farese</u>		
DATE <u>8-11-2008</u>			DAYTIME PHONE # <u>561-362-1022</u>		