

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 734492

Entity Name: SOUTH FLORIDA AIR-CONDITIONING CONTRACTORS ASSOCIATION, INCORPORATED.

Current Principal Place of Business:

1650 SOUTH DIXIE HIGHWAY
5TH FLOOR
BOCA RATON, FL 33432 US

New Principal Place of Business:

1650 SOUTH DIXIE HIGHWAY
4TH FLOOR
BOCA RATON, FL 33432 US

Current Mailing Address:

1650 SOUTH DIXIE HIGHWAY
5TH FLOOR
BOCA RATON, FL 33432 US

New Mailing Address:

1650 SOUTH DIXIE HIGHWAY
STE 400
BOCA RATON, FL 33432 US

FEI Number: 59-2778128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, DANA
1650 SOUTH DIXIE HIGHWAY
STE 500
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MAGELLAN MANAGEMENT
1650 SOUTH DIXIE HIGHWAY
STE 400
BOCA RATON, FL 33432 US

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: LIZ BUSTAMANTE

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BECKETT, SUSAN J
Address: 4801 JOHNSON ROAD, SUITE 8
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD () Delete
Name: GUZMAN, EMILIO
Address: 4833 SW 75TH AVE
City-St-Zip: MIAMI, FL 33155

Title: MD () Delete
Name: CALLEJA, OSCAR
Address: 1650 S DIXIE HWY STE 500
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SOLO, EMILIO
Address: 8451 NW 61ST STREET
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: LINDSTROM, DOUG
Address: 6601 LYONS ROAD, SUITE D8
City-St-Zip: COCONUT CREEK, FL 33073

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:

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: LIZ BUSTAMANTE

ED

01/09/2009

Electronic Signature of Signing Officer or Director

Date