

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736383

FILED
Feb 01, 2008
Secretary of State

Entity Name: ALARM ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

3801 NORTH UNIVERSITY DRIVE
#317
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

1802 NORTH UNIVERSITY DRIVE
PMB 329
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 59-1877381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEELY, BOB
1802 NORTH UNIVERSITY DRIVE
PMB 329
PLANTATION, FL 33322 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: PRES () Delete
Name: POLLACK, ROY
Address: 3880 N 28TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP () Delete
Name: GALLOWAY, MARY
Address: 3307 NW 55 STREET
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: SECR () Delete
Name: DAVINO, CARL
Address: 11543 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455 US

Title: TRES () Delete
Name: WORTHY, BOB
Address: 592 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: DIR. () Delete
Name: NEELY, ROBERT E E.D.
Address: 1802 N UNIVERSITY DR #329
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GALLOWAY, MARY H
Address: 1391 S ANDREWS AVE
City-St-Zip: POMPANO BCH, FL 33069 US

Title: VP (X) Change () Addition
Name: IRELAND, ROBERT
Address: 1991 SW 127 AVE
City-St-Zip: DAVIE, FL 33325 US

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

Title: TRES (X) Change () Addition
Name: MAHONEY, MICHAEL
Address: 2500 MAITLAND CENTER PARKWAY
City-St-Zip: MAITLAND, FL 32751 US

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: MARY H GALLOWAY

PRES

02/01/2008

Electronic Signature of Signing Officer or Director

Date