

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736383

FILED  
Mar 28, 2011  
Secretary of State

Entity Name: ALARM ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

3801 NORTH UNIVERSITY DRIVE  
# 316  
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  
Name: GRACER, GREGORY  
Address: 12108 SW 117 CT  
City-St-Zip: MIAMI, FL 33186 US

Title: VP  
Name: TOSCANO, JOHN  
Address: 6017 PINE RIDGE ROAD; #198  
City-St-Zip: NAPLES, FL 34119 US

Title: SEC  
Name: WORTHY, ROBERT M  
Address: 7351 WILES ROAD, #206  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: TRES  
Name: TOOLE, RONALD B  
Address: 153 RICHPIEN ROAD  
City-St-Zip: FT WALTON BEACH, FL 32547 US

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E NEELY

DIR

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date