


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90943 044 ****70.00

DOCUMENT # 736383

1. Entity Name
ALARM ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address
1802 NORTH UNIVERSITY DRIVE **1802 NORTH UNIVERSITY DRIVE**
PMB 329 **PMB 329**
PLANTATION FL 33322 **PLANTATION FL 33322**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1877381** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEELY, BOB
1802 NORTH UNIVERSITY DRIVE
PMB 329
PLANTATION FL 33322

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **MCDANIEL, ED**
 STREET ADDRESS **4417 F CONSTITUTION LANE**
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **PD** Delete
 NAME **WORTHY, ROBERT**
 STREET ADDRESS **580-B RIVERSIDE DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VD** Delete
 NAME **TOOLE, RONALD**
 STREET ADDRESS **PO BOX 968**
 CITY-ST-ZIP **FT WALTON BEACH FL 32549**

TITLE **PD** Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **SD** Delete
 NAME **DAVINO, CARL**
 STREET ADDRESS **11543 SE FEDERAL HWY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **TD** Change Addition
 NAME **steve Moore**
 STREET ADDRESS **2547 Partin Settlement Rd**
 CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **X [Signature]** **PROBATION REQUIRED** **NEELY** **FILED** **01-29-03** **1956-70877**

CR2E037 (10/02)