

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743750

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** BROWARD PRINCIPALS' AND ASSISTANTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1218 S. LAKESIDE DR.  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

521 LAKE AVE #6  
LAKE WORTH, FL 33460

**Current Mailing Address:**

P.O. BOX 1146  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 59-1973586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAXWELL, LISA  
1218 S. LAKESIDE DRIVE  
LAKE WORTH, FL 33460 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: PD  
Name: VESEY, JACK  
Address: 11000 HOLMBERG ROAD  
City-St-Zip: PARKLAND, FL 33076

Title: PPD  
Name: PATRICK, SAUER  
Address: 16700 SW 48 CT  
City-St-Zip: MIRAMAR, FL 33027

Title: TD  
Name: FRAZIER, STEVEN  
Address: 200 N.W. DOUGLAS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD  
Name: MAY, KATHY  
Address: 1101 GLADES PARKWAY  
City-St-Zip: WESTON, FL 33327

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: LISA MAXWELL

RA

01/04/2012

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

\_\_\_\_\_  
Date