

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -6 AM 6:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 746225 (2)

1. Corporation Name

**THE BUILDING OFFICIALS AND INSPECTORS ASSOCIATION
OF BROWARD COUNTY**

Principal Place of Business

Mailing Address

**1126 S FED HWY
#394
FT LAUDERDALE FL 33316
US**

**C/O CLARK RICHARDS
1126 S FED HWY S394
FT LAUDERDALE FL 33316
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1979

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2647099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESIMONE, EMILIO M. SR.
10100 PINES BOULEVARD
PEMBROKE PINES FL 33026-3900**

81 Name

DUMBAUGH, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable)

9530 WEST SAMPLE ROAD

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William Dumbaugh **William Dumbaugh**

3-15-95

Signature, typed or printed name of registered agent and title (if acceptable)

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BUTLER, JOHN
STREET ADDRESS	200 VAN BUREN ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD
NAME	DUMBAUGH, BILL
STREET ADDRESS	3793 NW 59TH ST.
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	VD
NAME	KEGAN, ROBERT
STREET ADDRESS	6500 PARKSIDE DR
CITY-ST-ZIP	PARKLAND FL
TITLE	VD
NAME	ANDERSON, RICK
STREET ADDRESS	7525 NW 88 AVE
CITY-ST-ZIP	TAMARAC FL
TITLE	TD
NAME	BERTOMLAMI, MARGARET
STREET ADDRESS	6500 PARKSIDE DR
CITY-ST-ZIP	PARKLAND FL
TITLE	D
NAME	SIANO, LOUIS
STREET ADDRESS	11820 NW 19 DR
CITY-ST-ZIP	CORAL SPGS FL

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	DUMBAUGH, WILLIAM	
1.3 STREET ADDRESS	9530 WEST SAMPLE ROAD	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	BERTOLAMI, MARGARET	
2.3 STREET ADDRESS	6500 PARKSIDE DRIVE	
2.4 CITY-ST-ZIP	PARKLAND FL 33067	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	BESSELL, MICHAEL	
3.3 STREET ADDRESS	401 N.W. 70 TERRACE	
3.4 CITY-ST-ZIP	PLANTATION, FL 33317	
4.1 TITLE	VP	☒ Change ☐ Addition
4.2 NAME	BRANDT, JOHN	
4.3 STREET ADDRESS	7525 NW 88 AVE	
4.4 CITY-ST-ZIP	TAMARAC FL 33321	
5.1 TITLE	T	☒ Change ☐ Addition
5.2 NAME	HANNON, ROBERT	
5.3 STREET ADDRESS	9530 WEST SAMPLE ROAD	
5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Dumbaugh **William Dumbaugh**

3-15-95

(305) 344-1023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone