

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 WILLIAM DUMBAUGH  
1126 S FED HWY S394  
FT LAUDERDALE FL 33316  
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	03/13/1979	
4. FEI Number	59-2647099	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DESHARNAIS, GEORGE 10100 PINES BLVD PEMBROKE PINES FL 33026	81 Name Bill Dumbaugh 82 Street Address (P.O. Box Number is Not Acceptable) 9530 W. Sample Road 83 84 City Coral Springs FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Bill Dumbaugh Bill Dumbaugh 2-19-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESHARNAIS, GEORGE	1.2 NAME	Cotler, Christopher R.
STREET ADDRESS	10100 PINES BLVD	1.3 STREET ADDRESS	3801 N. University Drive, Suite 401
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMBAUGH, BILL	2.2 NAME	
STREET ADDRESS	9530 W SAMPLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, ROBERT	3.2 NAME	
STREET ADDRESS	9530 W. SAMPLE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTLER, CHRIS	4.2 NAME	Gary Kilbride
STREET ADDRESS	3801 NORTH UNIVERSITY DRIVE #401	4.3 STREET ADDRESS	10100 Pines Boulevard
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLI, TOM	5.2 NAME	
STREET ADDRESS	400 S FED HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JOHN	6.2 NAME	
STREET ADDRESS	2600 HOLLYWOOD BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

14. 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 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 person 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: Christopher R. Cotler Christopher R. Cotler (954)572-2363

CR2E037 (10/97)