

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90160 022 ****61.25

DOCUMENT # 746225

1. Entity Name

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



Principal Place of Business

1126 S FED HWY
#394
FT LAUDERDALE FL 33316
US

Mailing Address

CLAUDIO GRANDE
C/O WILLIAM DUMBAUGH
1126 S FED HWY S394
FT LAUDERDALE FL 33316
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

59-2647099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAUDE, CLAUDIO
1126 S. FEDERAL HIGHWAY
#394
FORT LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, TED	
STREET ADDRESS	9530 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANGLEY, MARY	
STREET ADDRESS	1126 S FED HWY STE 394	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VODELL, BOB	
STREET ADDRESS	1126 S FEDERAL HWY STE 394	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLUTTER, RANDY	
STREET ADDRESS	1126 FEDERAL HWY STE 394	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRANDE, CLAUDIO	
STREET ADDRESS	1126 FEDERAL HWY STE 394	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ODELL, BOB	
STREET ADDRESS	955 S. FEDERAL HWY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARY	
STREET ADDRESS	1126 S. FED HWY STE. 394	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARE, GREG.	
STREET ADDRESS	1126 S. FED. HWY STE. 394	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

Daytime Phone #

954-724-1254