

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90084 042 ****61.25

DOCUMENT # F95000002306

1. Entity Name
AUTOMATIC FIRE ALARM ASSOCIATION, INC.



Principal Place of Business
2499 OLD LAKE MARY
SUITE 102
SANFORD, FL 32771 US

Mailing Address
P.O. BOX 951807
LAKE MARY, FL 32795-1807

94039109



2. Principal Place of Business
3575 W. LAKE MARY BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 103

Suite, Apt. #, etc.

City & State
LAKE MARY FL

City & State

Zip
32746

Country
US

Zip

Country

02262004 Chg-NP CR2E037 (10/03)

4. FEI Number
36-3630660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEIBAUER, LAWRENCE L
841 EAGLE CLAW CT.
LAKE MARY, FL 32746-4881

7. Name and Address of New Registered Agent

Name **THOMAS P. HAMMERBERG**
Street Address (P.O. Box Number is Not Acceptable)
1655 SHADOWMOSS CIRCLE
City **LAKE MARY** FL Zip Code **32746**

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 *Thomas P. Hammerberg* **THOMAS P. HAMMERBERG** **PRESIDENT** **3/25/2004**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) **EXECUTIVE DIRECTOR**

**Filing 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	P	<input checked="" type="checkbox"/> Delete
NAME	NORTON, THOMAS F	
STREET ADDRESS	16 CHERRY ST.	
CITY - ST - ZIP	CAMBRIDGE, MA 021393473	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOURGEOIS, ROGER	
STREET ADDRESS	STATION 1, BOX 10157	
CITY - ST - ZIP	HOUMA, LA 703630157	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLEW, JUNE	
STREET ADDRESS	273 BRANCHPORT AVE.	
CITY - ST - ZIP	LONG BRANCH, NJ 07740	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEIBAUER, LAWRENCE L	
STREET ADDRESS	841 EAGLE CLAW CT.	
CITY - ST - ZIP	LAKE MARY, FL 327464881	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACK, ART	
STREET ADDRESS	BOX 7168	
CITY - ST - ZIP	CARMEL BY THE SEA, CA 93921	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARY, SHANE	
STREET ADDRESS	925 YGNACIO VALLEY RD. #100	
CITY - ST - ZIP	WALNUT CREEK, CA 945963875	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, THOMAS F	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P/m	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS P. HAMMERBERG	
STREET ADDRESS	1655 SHADOWMOSS CIRCLE	
CITY - ST - ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT B. FRASER	
STREET ADDRESS	100 SIMPLEX DRIVE	
CITY - ST - ZIP	WESTMINSTER MA 01441-0001	

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: *Thomas P. Hammerberg* **THOMAS P. HAMMERBERG** **3/25/2004** **407-322-6288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #