

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000356

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATION ADMINISTRATORS, INC.

**Current Principal Place of Business:**

180 E. MAIN ST  
SUITE 203  
SMITHTOWN, NY 11787

**New Principal Place of Business:**

**Current Mailing Address:**

180 E. MAIN ST  
SUITE 203  
SMITHTOWN, NY 11787

**New Mailing Address:**

**FEI Number:** 11-3243987      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: KLEPPER, KEVIN  
Address: 180 E. MAIN ST  
City-St-Zip: SMITHTOWN, NY 11787

Title: VD  
Name: PRZYBYLSKI, LISA  
Address: 180 E. MAIN ST  
City-St-Zip: SMITHTOWN, NY 11787

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN KLEPPER

PRES

02/23/2011

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

\_\_\_\_\_ Date