

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90087 011 ****61.25

DOCUMENT # N01000003996

1. Entity Name
SOUTH ANDREWS BUSINESS ASSOCIATION, INC.



Principal Place of Business
**1231 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**

Mailing Address
**1231 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**

40003710



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1130864

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

**PHILLIPS, JOHN ESQ.
1401 SOUTH ANDREWS AVENUE
FT. 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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MADFIS, JERYL	
STREET ADDRESS	1231 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, WENDY	
STREET ADDRESS	C/O 1231 S. ANDREWS AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIEGLER, JOHN	
STREET ADDRESS	1515 SW 1ST. AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRCA, MICHELLE G	
STREET ADDRESS	1133 SOUTHEAST 4TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Sheffield	
STREET ADDRESS	1201 South Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA DAVIS	
STREET ADDRESS	1600 South Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Madfis	
STREET ADDRESS	1231 South Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth A Ortnor	
STREET ADDRESS	1119 Southeast 3rd Avenue	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kenneth A Ortnor Kenneth A Ortnor

Date

Daytime Phone #

1/19/07 954 764 4554