FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05204 (5)

1. Corporation Name

BUILDING OWNERS AND MANAGERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O TONY MARTINEZ // SHUTTS & BOWEN 201 SOUTH BISCAYNE BLVD., #1500 MIA. CNTR. MIAMI FL 33131	C/O TONY MARTINEZ // SHUTTS & BOWEN 201 SOUTH BISCAYNE BLVD., #1500 MIA. CNTR. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1984
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-2441518 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

LEVIN, CHARLES J ESQUIRE
9385 N. 56TH ST.
STE. 200
TEMPLE TERR. FL 33617

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HOMENUK, LONNIE	1.2 NAME	ARGENTI, ROBERT J.	
STREET ADDRESS	2701 N. ROCKY PT. RD., #530	1.3 STREET ADDRESS	1280 SW 36TH AVE #104	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FLA 33069	
TITLE	VPD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	ARGENTI, ROBERT	2.2 NAME	SCHWED, DEBORAH	
STREET ADDRESS	1280 SW 36TH AVE., #104	2.3 STREET ADDRESS	[redacted] 5811 PELICAN BAY BLVD. #305	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	NAPLES, FLA. 33963	
TITLE	TD	3.1 TITLE	TD	☑ Change ☑ Addition
NAME	LOCKE, BERT	3.2 NAME	BARTLEY, DOUG	
STREET ADDRESS	390 N. ORANGE AVE., #1875	3.3 STREET ADDRESS	401 E. JACKSON ST. #2300	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	TAMPA, FLA 33602	
TITLE	SD	4.1 TITLE	SD	☑ Change ☑ Addition
NAME	SCHWED, DEBORAH	4.2 NAME	FERNANDEZ, ARTURO	
STREET ADDRESS	4310 METRO PKWY., #120	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	BROWN, BEVERLY	5.2 NAME	HOMENUK, LONNIE	
STREET ADDRESS	9143 PHILLIPS HWY., #330	5.3 STREET ADDRESS	2701 N. ROCKY PT. RD #530	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	TAMPA, FLA. 33062	
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	BLOETSCHER, NANCY	
STREET ADDRESS		6.3 STREET ADDRESS	135 W. CENTRAL BLVD. #330	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FLA 32801	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver 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: Robert J. Argenti, President 4/17/95 (305) 978-2448
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

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