

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N05204 (5)

1. Corporation Name

BUILDING OWNERS AND MANAGERS ASSOCIATION OF FLORIDA, INC.



200001858772  
-06/11/96--01157--040

\*\*\*86.25

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

3. Date Incorporated or Qualified 09/18/1984 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address  
21 9385 N. 56th St. 26 9385 N. 56th Street

Suite, Apt. #, etc. Suite 200

22 Suite 200 27 Suite 200  
City & State City & State  
23 Temple Terr, FL 28 Temple Terr, FL

Zip Country Zip Country  
24 33617 25 USA 29 33617 30 USA

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

8. This corporation has liability for intangible tax under s 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ARGENTI, ROBERT J  
STREET ADDRESS 1280 SW 36TH AVE., #104  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VPD ☐ DELETE  
NAME SCHWED, DEBORAH  
STREET ADDRESS 5811 PELICAN BAY BLVD., #205  
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ DELETE  
NAME BARTLEY, DOUG  
STREET ADDRESS 401 E. JACKSON ST., #2300  
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE  
NAME FERNANDEZ, ARTURO  
STREET ADDRESS 4310 METRO PKWY., #120  
CITY-ST-ZIP FT. MYERS FL

TITLE D ☐ DELETE  
NAME HOMENUK, LONNIE  
STREET ADDRESS 2701 N. ROCKY PT. RD., #530  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME BLOETSCHER, NANCY  
STREET ADDRESS 135 W. CENTRAL BLVD., #330  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Deborah M Schwed  
1.3 STREET ADDRESS 16293 S Tamiami Trail Suite B  
1.4 CITY-ST-ZIP Ft Myers, FL 33908

2.1 TITLE VPD ☒ Change ☐ Addition  
2.2 NAME Fernandez, Arturo  
2.3 STREET ADDRESS 80th W 8th St Suite 2100  
2.4 CITY-ST-ZIP Miami, FL 33130

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME Bloetscher, Nancy  
4.3 STREET ADDRESS 135 W Central Blvd #330  
4.4 CITY-ST-ZIP Orlando, FL

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME Argenti, Robert J  
5.3 STREET ADDRESS 1280 SW 36th Ave #104  
5.4 CITY-ST-ZIP Pompano Beach, FL

6.1 TITLE D ☐ Change ☐ Addition  
6.2 NAME Mink, DK  
6.3 STREET ADDRESS 3081 E Commercial Blvd  
6.4 CITY-ST-ZIP Ft Lauderdale, FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96 (941) 437-2626

CR2E037 (12/95)