



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90118 032 ****61.25

DOCUMENT # N05204 1. Entity Name BUILDING OWNERS AND MANAGERS ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 400 NORTH ASHLEY SUITE #1950 TAMPA, FL 33602-4317 US			Mailing Address 400 NORTH ASHLEY SUITE #1950 TAMPA, FL 33602-4317 US		
2. Principal Place of Business 2563 Capital Medical BLVD Suite, Apt. #, etc.		3. Mailing Address 2563 Capital Medical BLVD Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-2441518	
Zip 32308		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, CHARLES J ESQUIRE 400 NORTH ASHLEY SUITE #1950 TAMPA, FL 33602-4317			7. Name and Address of New Registered Agent Name Bodkin management & CONSULTING Street Address (P.O. Box Number is Not Acceptable) 2563 Capital medical BLVD City Tallahassee FL Zip Code 32308		
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 <u><i>L.E. Bodkin Jr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, JOHN K 5200 BLUE LAGOON DR 400 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	I PPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAVER, RICK 3621 ST AUGUSTINE RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKEE, SANDY 601 N. ASHLEY DRIVE STE 1200 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, MURRAY S 601 BRICKELL KEY DRIVE STE 101 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD PRATHER, CHRISTOPHER H 101 E. KENNEDY BLVD, SUITE 4025 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sneen, Sara
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>L.E. Bodkin Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					