


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State


05-14-2007 90082 005 ****61.25

DOCUMENT # N05204	
1. Entity Name BUILDING OWNERS AND MANAGERS ASSOCIATION OF FLORIDA, INC.	

Principal Place of Business 7040 W. Palmetto Park Rd. #4-667 Boca Raton, FL 33433	Mailing Address 7040 W. Palmetto Park Rd. #4-667 Boca Raton, FL 33433
---	---

DO NOT WRITE IN THIS SPACE

40112346



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2441518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent
**Management Association Services, Inc.
7763 Villa Nova Dr.
Boca Raton, FL 33433**

DO NOT WRITE IN THIS SPACE

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 *Melanie Schur* DATE 4/30/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD Greene, Murray 4117 Cleveland St. Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAVER, RICK 3621 ST AUGUSTINE RD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Goodrich, Jack 9130 S. Dadeland Blvd. #100 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fronstin, Cary 3200 N. Military Trail Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vilmar, Lynn 511 W. Bay St. #400 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Schur, Melanie 7040 W. Palmetto Park Rd. #4-667 Boca Raton, FL 33433

DO NOT WRITE IN THIS SPACE

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 *Melanie Schur* Date 4-30-07 Daytime Phone # (561) 395-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR