

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001225

FILED
Mar 25, 2009
Secretary of State

Entity Name: DOCOMOMO FLORIDA, INC.

Current Principal Place of Business:

1351 N MIAMI GARDENS DR
APRT 1406E
N MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

PO BOX 30129
FORT LAUDERDALE, FL 33303

New Mailing Address:

FEI Number: 20-8519433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADIA, ENRIQUE H
1351 N MIAMI GARDENS DR
APRT 1406E
N MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MADIA, ENRIQUE
Address: 1351 NE MIAMI GARDENS DR, #1406E
City-St-Zip: N MIAMI BCH, FL 33179

Title: VP () Delete
Name: LEJEUNE, JEAN-FRANCOIS
Address: 20 ISLAND AVE, # 302
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC () Delete
Name: KOHEN, MARTHA
Address: UF-SCHOOL OF ARCHITECTURE - PO BOX 115702
City-St-Zip: GAINESVILLE, FL 32611

Title: TREA () Delete
Name: ABBATE, ANTHONY J
Address: 1222 SE 1 STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T () Delete
Name: GRAHAM, ROY
Address: UF-SCHOOL OF ARCHITECTURE - PO BOX 115702
City-St-Zip: GAINESVILLE, FL 32611

Title: T () Delete
Name: GUNDERSEN, MARTIN
Address: UF-SCHOOL OF ARCHITECTURE-PO BOX 115702
City-St-Zip: GAINESVILLE, FL 32611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ABBATE

TREA

03/25/2009

Electronic Signature of Signing Officer or Director

Date