

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16988

FILED
Jan 20, 2011
Secretary of State

Entity Name: SOUTH FLORIDA CLAIMS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOHN R. BUCHHOLZ
1320 S DIXIE HIGHWAY SUITE 1180
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1320 S DIXIE HIGHWAY
SUITE 1180
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-2646500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHHOLZ, JOHN R
1320 S DIXIE HIGHWAY
SUITE 1180
CORAL GABLES, FL 33146 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: PD
Name: MIDDLETON, PAUL
Address: 5151 ARTHUR STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD
Name: PARADISE, THOMAS
Address: 10870 KING BAY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: TD
Name: WORTHINGTON, THOMAS
Address: 6326 NW 79TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: SD
Name: STATON, PHYLLIS
Address: 2103 RENAISSANCE BLVD, 1-303
City-St-Zip: MIRAMAR, FL 33025

Title: D
Name: COLLIER, DENISE
Address: 1473 NE 57TH STREET
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D
Name: SCZEPANILAK, JAMES
Address: 1613 SW 10TH COURT
City-St-Zip: FT LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS STATON

SD

01/20/2011

Electronic Signature of Signing Officer or Director

_____ Date