

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20970

FILED
Jul 22, 2008
Secretary of State

Entity Name: GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

11340 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

11340 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 59-2508942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLESNICK, DONALD D., II ESQ.
2701 PONCE DE LEON BLVD.
200
CORAL GABLES, FL 33134 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: VD () Delete
Name: BLACKMAN, GREG
Address: 7801 FAIRWAY BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: PD () Delete
Name: ELLIS, RICHARD
Address: 8940 SW 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: 2V () Delete
Name: CASTILLO, OTTO
Address: 11205 SW 99TH COURT
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: COLE, MICHAEL
Address: 13003 SW 114 PLACE
City-St-Zip: MIAMI, FL 33176

Title: 2V () Delete
Name: SPAINE, SHIRLEY
Address: 5741 SW 53RD TERRACE
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: CLARIT, WALTER
Address: 2830 NW 65TH TERRACE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLACKMAN, GREG
Address: 7801 FAIRWAY BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: VD (X) Change () Addition
Name: CASTILLO, OTTO
Address: 8940 SW 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: T (X) Change () Addition
Name: CLARIT, WALTER
Address: 2830 NW 65TH TERRACE
City-St-Zip: MIAMI, FL 33147

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

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

Title: SA (X) Change () Addition
Name: PERRONE, PAUL
Address: 16645 106 TERRACE NORTH
City-St-Zip: JUPITER, FL 33478

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: GREG BLACKMAN

PD

07/22/2008

Electronic Signature of Signing Officer or Director

_____ Date