

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90109 028 \*\*\*\*70.00

**DOCUMENT # N44014**

1. Entity Name  
**SOUTH FLORIDA CHAPTER OF THE FLORIDA  
ASSOCIATION OF ENVIRONMENTAL PROFESSIONALS,  
INC.**



Principal Place of Business  
**P.O. BOX 011348  
MIAMI, FL 33101**

Mailing Address  
**P.O. BOX 011348  
MIAMI, FL 33101**

40125613



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-0279511**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRISON, THEODORE B  
19390 COLLINS AVE UNIT #405-A  
SUNNY ISLES BEACH, FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CARTER, KEVIN**  
STREET ADDRESS **218 SW 1ST AVE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **T** ☐ Delete  
NAME **HARRISON, THEODORE**  
STREET ADDRESS **19390 COLLINS AVE UNIT #405-A**  
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **VP** ☐ Delete  
NAME **CARDOCH, LYNETTE**  
STREET ADDRESS **1601 BELVEDERE RD SUITE 3055**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **S** ☒ Delete  
NAME **RAICHOUDHURY, ASHOK**  
STREET ADDRESS **218 SW 1ST AVE.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☒ Delete  
NAME **BOYLE, TRACI-ANNE**  
STREET ADDRESS **590 OCEAN DR APT 68**  
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **CARTER, KEVIN**  
STREET ADDRESS **2946 So. UNIVERSITY DR. #7209**  
CITY-ST-ZIP **DAVIE, FL. 33328**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **ERIK NEUGAARD**  
STREET ADDRESS **3125 W. COMMERCIAL BLVD. SUITE 130**  
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33309**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT J. DAoust**  
STREET ADDRESS **1439 NE 16th AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33304**

TITLE **D** ☐ Change ☒ Addition  
NAME **MATT MITCHELL**  
STREET ADDRESS **2745 E. ATLANTIC AVE. #302**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07 305-372-6519

Date

Daytime Phone #