

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44014

FILED
Apr 21, 2012
Secretary of State

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

Current Principal Place of Business:

901 PONCE DE LEON BOULEVARD
SUITE #900
MIAMI, FL 33134

New Principal Place of Business:

901 PONCE DE LEON BOULEVARD
SUITE #900
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 011348
MIAMI, FL 33101

New Mailing Address:

FEI Number: 65-0279511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCUS, JEFFRY
901 PONCE DE LEON BOULEVARD
SUITE #900
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

HASBROUCK, BRUCE
5525 W CYPRESS ST
300
TAMPA, FL 33607 US

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: BRUCE HASBROUCK

04/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MARCUS, JEFFRY
Address: 901 PONCE DE LEON BOULEVARD, SUITE #900
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: BOGARDUS, DAVID
Address: 901 PONCE DE LEON BOULEVARD, SUITE #900
City-St-Zip: CORAL GABLES, FL 33134

Title: TRES
Name: CARTER, NICOLE
Address: 901 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33040

Title: S
Name: MITCHELL, MATT
Address: 2300 WEST SAMPLE ROAD, SUITE #307
City-St-Zip: POMPANO BEACH, FL 33073

Title: D
Name: LEE, SANDRA
Address: 1800 ELLER DRIVE, SUITE 600
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D
Name: NEUGAARD, ERIK
Address: 3125 WEST COMMERCIAL BOULEVARD, SUITE #130
City-St-Zip: FORT LAUDERDALE, FL 33309

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: BRUCE HASBROUCK

REP

04/21/2012

Electronic Signature of Signing Officer or Director

Date