

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002649

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** ASSOCIATION OF LICENSED INTERIOR DESIGNERS, INC.

**Current Principal Place of Business:**

BAER'S FURNITURE  
1421 S FEDERAL HWY  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

HARRIET ARONSON  
1634 SW ST. ANDREWS DR.  
PALM CITY, FL 34990 US

**New Mailing Address:**

**FEI Number:** 65-0480144      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRINZ, BETH  
815 COLORADO AVE  
SUITE #103  
STUART, FL 34994 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: S ( ) Delete  
Name: ARONSON, HARRIET P  
Address: 1634 SW ST. ANDREWS DRIVE  
City-St-Zip: PALM CITY, FL 34990 US

Title: P ( ) Delete  
Name: DUNCAN, PAMELA  
Address: 31 E OCEAN BLVD.  
City-St-Zip: STUART, FL 34994 US

Title: T ( ) Delete  
Name: RALPH, BEVERLY  
Address: 3784 SW QUAIL MEADOW TRAIL  
City-St-Zip: PALM CITY, FL 34990 US

Title: VP ( ) Delete  
Name: GORAL, LYNN  
Address: 1421 S FEDERAL HWY  
City-St-Zip: STUART, FL 34994 US

Title: D ( ) Delete  
Name: MORGAN, SUSAN M.  
Address: 4340 SE COMMERCE AVENUE  
City-St-Zip: STUART, FL 34994 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BEVERLY RALPH

TREA

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date