2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

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Entity Name: FLORIDA ALPHA ASSOCIATION, INC.

Current Principal Place of Business:

1520 LIGURIA AVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 248267
CORAL GABLES, FL 33124

New Mailing Address:

FEI Number: 59-0821239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MISEMER, TODD P P
3972 NW 25TH WAY
BOCA RATON, FL 33434 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: P
Name: MISEMER, TODD P
Address: 3972 NW 25TH WAY
City-St-Zip: BOCA RATON, FL 33434

Title: VP
Name: CADMAN, GEORGE E IV
Address: P. O. BOX 248267
City-St-Zip: CORAL GABLES, FL 33124

Title: SEC
Name: STANLEY, MATTHEW
Address: P. O. BOX 248267
City-St-Zip: CORAL GABLES, FL 33124

Title: TREA
Name: CASAMAYOR, DANIEL
Address: P. O. BOX 248267
City-St-Zip: CORAL GABLES, FL 33124

Title: D
Name: CLANCY, PETER J
Address: 16921 S. W. 80TH COURT
City-St-Zip: MIAMI, FL 33157

Title: D
Name: SORG, STUART
Address: P. O. BOX 248267
City-St-Zip: CORAL GABLES, FL 33124

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: TODD P MISEMER P 01/30/2012

Electronic Signature of Signing Officer or Director Date