

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90019 038 \*\*\*\*61.25

**DOCUMENT # N95000002624**

1. Entity Name  
**FLORIDA FACILITY MANAGERS ASSOCIATION, INC.**



Principal Place of Business

**4431 SW 101 DRIVE  
GAINESVILLE, FL ~~32608~~  
32608**

Mailing Address

**4431 SW 101 DRIVE  
GAINESVILLE, FL ~~32608~~  
32608**

**DO NOT WRITE IN THIS SPACE**



02122006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3588206**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MALANEY, WAYNE R  
2846-A REMINGTON CREEK CIRCLE  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DUBAY, LIONEL  
BOX 115850  
GAINESVILLE, FL 32611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HAMILTON, RICK  
101 N. ATLANTIC AVENUE  
DAYTONA BEACH, FL 32115**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
FARRELL, MICKEY  
4201 N. DALE MABRY  
TAMPA, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BENSEL, MARY  
8099 COLLIER PKY S.W.  
FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAPAN, MIKE  
701 W. LIME STREET  
LAKELAND, FL 33815**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ENGLERT, ROGER  
505 W. PENSACOLA  
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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

Date

Daytime Phone #

*2/17/06*