

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90046 015 \*\*\*\*61.25

**DOCUMENT # N95000003870**

1. Entity Name

**DADE ASSOCIATION OF SCHOOL ADMINISTRATORS,  
INC.**



Principal Place of Business

Mailing Address

1498 NW 2ND AVE  
STE 200  
MIAMI FL 33132  
US

1498 NW 2ND AVE  
STE 200  
MIAMI FL 33132  
US

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3329725

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

PARKER, ERIC J  
1498 NE 2ND AVE  
STE 200  
MIAMI FL 33132

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 resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME ALGAZE, LOUIS  
STREET ADDRESS 18285 NW 12 STREET  
CITY- ST- ZIP PEMBROKE PINES FL

TITLE PD ☒ Change ☐ Addition  
NAME Shirley, Rhoda  
STREET ADDRESS 10561 SW 297 ST  
CITY- ST- ZIP Miami, FL 33189

TITLE TD ☐ Delete  
NAME GARCIA, LILIA  
STREET ADDRESS 415 CALIGULA AVE  
CITY- ST- ZIP CORAL GABLES FL

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

TITLE ED ☐ Delete  
NAME PARKER, ERIC J  
STREET ADDRESS 1498 NE 2ND AVE  
CITY- ST- ZIP MIAMI FL 33132

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

TITLE D ☒ Delete  
NAME SHIRLEY, RHODA  
STREET ADDRESS 10561 SW 297 ST  
CITY- ST- ZIP MIAMI FL 33189

TITLE D ☐ Change ☒ Addition  
NAME Debbie Saumell  
STREET ADDRESS 9820 SW 73 Ave  
CITY- ST- ZIP Miami, FL 33156

TITLE D ☒ Delete  
NAME ARTIME, CARLOS  
STREET ADDRESS 13310 SW 1ST ST  
CITY- ST- ZIP MIAMI FL 33184

TITLE D ☐ Change ☒ Addition  
NAME AlgaZe, Louis  
STREET ADDRESS 18285 NW 12 street  
CITY- ST- ZIP Pembroke Pines, FL

TITLE D ☐ Delete  
NAME ENRIQUEZ, JOSE JR  
STREET ADDRESS 14451 SW 152 COURT  
CITY- ST- ZIP MIAMI FL 33196

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

ERIC J. PARKER

1-30-07

305.579.0092

Date

Daytime Phone #