2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003870

1. Entity Name
DADE ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

FILED
Jul 11, 2008 08:00 AM
Secretary of State

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

07072008 No Chg-NP CR2E037 (4/06)

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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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	RHODA, SHIRLEY
STREET ADDRESS	10561 SW 297 STREET
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	TD
NAME	GARCIA, LILIA
STREET ADDRESS	415 CALIGULA AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ED
NAME	PARKER, ERIC J
STREET ADDRESS	1498 NE 2ND AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	SAUMELL, DEBBIE
STREET ADDRESS	9820 SW 73 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	ALGAZE, LOUIS
STREET ADDRESS	18285 NW 12 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	ENRIQUEZ, JOSE JR
STREET ADDRESS	14451 SW 152 COURT
CITY-ST-ZIP	MIAMI, FL 33196

U00000954270
07/11/08-80007-004 61.25

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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: _____ 7-9-08 (305) 579-0092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #