

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

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000859

1. Entity Name
**AMERICAN SOCIETY OF PROFESSIONAL ESTIMATORS
GOLD COAST CHAPTER #49, INC.**



Principal Place of Business
**C/O 7700 CONGRESS AVE
#3105
BOCA RATON, FL 33487 US**

Mailing Address
**C/O 7700 CONGRESS AVE
#3105
BOCA RATON, FL 33487 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0816660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAVELL, RICHARD R
C/O 7700 CONGRESS AVE
#3105
BOCA RATON, FL 33487**

**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
ROLFE, DON
C/O 7700 CONGRESS AVE., #3105
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BREISTOL, SUZANNE
C/O 7700 CONGRESS AVE., #3105
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VP
MIROWITZ, ANDY
C/O 7700 CONGRESS AVE., #3105
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VP
KELLUM, MIKE
C/O 7700 CONGRESS AVE., #3105
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3VP
BIRDIS, MIKE
C/O 7700 CONGRESS AVE., #3105
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SHAVELL, RICHARD R
C/O 7700 CONGRESS AVE., #3105
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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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:

Richard R. Shavell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 3/25/06
Date

561-997-7242
Daytime Phone #