

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005724

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CHAPTER OF AMERICAN SOCIETY OF HOME INSPECTORS, INC.

**Current Principal Place of Business:**

124 ICHABOD TRAIL  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

124 ICHABOD TRAIL  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 59-3536419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABITA, BILL  
2015 WEST BOURNE DRIVE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

LABITA, BILL  
2625 TURTLEHEAD COVE  
OVIEDO, FL 32766 US

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

01/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: LABITA, BILL  
Address: 2625 TURTLEHEAD COVE  
City-St-Zip: OVIEDO, FL 32766

Title: VPT  
Name: TRAUGER, ALAN  
Address: 124 ICHABOD TRAIL  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: EDER, KELVIN L  
Address: 8679 ALEGRE CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: ALAN TRAUGER

VPT

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date