## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004992

FILED Jan 15, 2008 Secretary of State

Entity Name: BEACH BUILDING OFFICIALS ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 17425 GULF BLVD 2764 BRAHAM CT REDINGTON SHORES, FL 33708 PALM HARBOR, FL 34684 **Current Mailing Address: New Mailing Address:** 17425 GULF BLVD 2764 BRAHAM CT REDINGTON SHORES, FL 33708 PALM HARBOR, FL 34684 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDREWS, STEVE BREVOORT, GARY 17425 GULF BLVD 2764 BRAHÁM CT REDINGTON SHORES, FL 33708 US PALM HARBOR, FL 34684 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: GARY BREVOORT 01/15/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SCHWARTZ, NEAL Name: Name: 120-108 AVE Address: Address: City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DAVIS, RICK Name: Address: 6190 SEMINOLE BLVD. Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: () Delete Title: () Change () Addition ANDREWS, STEVE Name: Name: 17425 GULF BLVD Address: Address: City-St-Zip: REDINGTON SHORES, FL 33708 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: BREVOORT, GARY Name: Address: 2764 BRAHAM CT Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: Title: () Delete () Change () Addition EL-KHOLI, SAMEH Name: Name: 147-79 AVE Address: Address: TREASURE ISLAND, FL 33706 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY BREVOORT ST 01/15/2008