2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N99000004992

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

Current Principal Place of Business:

2764 BRAHAM CT
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

2764 BRAHAM CT
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BREVOORT, GARY
2764 BRAHAM CT
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SCHWARTZ, NEAL	
Address:	120-108 AVE	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	D	( ) Delete
Name:	DAVIS, RICK	
Address:	6190 SEMINOLE BLVD.	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	V	( ) Delete
Name:	ANDREWS, STEVE	
Address:	17425 GULF BLVD	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	ST	( ) Delete
Name:	BREVOORT, GARY	
Address:	2764 BRAHAM CT	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	EL-KHOLI, SAMEH	
Address:	147-79 AVE	
City-St-Zip:	TREASURE ISLAND, FL 33706	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 06/23/2009
Electronic Signature of Signing Officer or Director — Date