

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87295

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** SECURITY ASSOCIATES OF FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

6346 SW 191ST AVE  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

6346 SW 191ST AVE  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

FEI Number: 65-0289719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAUSMAN, HARRY M.  
235 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CALDWELL, PATRICIA A PRES.  
Address: 6346 SW 191 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VD  
Name: CALDWELL, DON H V.P  
Address: 6346 SW 191 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: T  
Name: CALDWELL, CHRISTOPHER L  
Address: 6346 SW 191 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: S  
Name: CALDWELL, POE, CARRIE A  
Address: 6346 SW 191 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A CALDWELL

PD

02/01/2010

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

\_\_\_\_\_  
Date