

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736383

**Entity Name:** ALARM ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

4300 NORTH UNIVERSITY DRIVE  
SUITE C-100  
LAUDERHILL, FL 33351

**Current Mailing Address:**

1830 NORTH UNIVERSITY DRIVE  
PMB 329  
PLANTATION, FL 33322 US

**FEI Number: 59-1877381**

**Certificate of Status Desired: Yes**

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

NEELY, ROBERT E  
1830 NORTH UNIVERSITY DRIVE  
SUITE 329  
PLANTATION, FL 33322 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOSCANO, JOHN  
Address        6017 PINE RIDGE ROAD #198  
City-State-Zip: NAPLES FL 34119

Title            SEC  
Name            BARDEN, BARBARA  
Address        3660 NW 126 AVE #6  
City-State-Zip: CORAL SPRINGS FL 33065

Title            TRES  
Name            MOYERS, RICHARD  
Address        1556 WHITLOCK AVE  
City-State-Zip: JACKSONVILLE FL 32211

Title            EXECUTIVE DIRECTOR  
Name            NEELY, ROBERT E  
Address        1830 N UNIVERSITY DR #329  
City-State-Zip: PLANTATION FL 33322

*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: ROBERT E NEELY**

**EXECUTIVE DIRECTOR**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date