

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736383

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

**FILED**  
**Mar 15, 2014**  
**Secretary of State**  
**CC7666930912**

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

Title PRESIDENT  
Name BURGER, DALE  
Address 2000 BANKS ROAD #223  
City-State-Zip: MARGATE FL 33063

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

Title TRES  
Name GRACER, GREGORY  
Address 12108 SW 117 COURT  
City-State-Zip: MIAMI FL 33186

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**

**03/15/2014**

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

\_\_\_\_\_  
Date