

**2019 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: No**

**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 EXECUTIVE DIRECTOR  
Name GUTHRIE, SEAN  
Address 4913 STANLEY ROAD  
City-State-Zip: PLANT CITY FL 33565

Title SEC  
Name HOFFMANN, KEN  
Address 109 B CONCORD DRIVE  
City-State-Zip: CASSELBERRY FL 32707

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

Title PRESIDENT  
Name BARDEN, BARBARA  
Address 4875 NW 115TH WAY  
City-State-Zip: SUNRISE FL 33323

*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: SEAN GUTHRIE**

**EXECUTIVE DIRECTOR**

**02/11/2019**

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

\_\_\_\_\_  
Date