

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05204

Entity Name: BUILDING OWNERS AND MANAGERS ASSOCIATION OF FLORIDA, INC.**FILED**
Jan 12, 2015
Secretary of State
CC6204175186**Current Principal Place of Business:**7050 W. PALMETTO PARK RD.
#15-668
BOCA RATON, FL 33433**Current Mailing Address:**7050 W. PALMETTO PARK RD.
#15-668
BOCA RATON, FL 33433 US**FEI Number: 59-2441518****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHRUL, MELANIE A
7050 W. PALMETTO PARK RD. #15-668
BOCA RATON, FL 33433 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	TREASURER
Name	BEAVER, RICHARD
Address	3338 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32205

Title	VP
Name	ROTOLO, CHRIS
Address	301 E LAS OLAS BLVD
City-State-Zip:	FT LAUDERDALE FL 33301

Title	EXECUTIVE SECRETARY
Name	SCHRUL, MELANIE
Address	7050 W. PALMETTO PARK RD. #15-668
City-State-Zip:	BOCA RATON FL 33433

Title	PRESIDENT
Name	LACEY, WILLARD
Address	101 EAST KENNEDY SUITE 1500
City-State-Zip:	TAMPA FL 33602

Title	SECRETARY
Name	MARY, LANTZ
Address	1145 TOWNPARK AVENUE SUITE 2245
City-State-Zip:	LAKE MARY FL 32746

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: MELANIE SCHRUL**EXECUTIVE DIRECTOR****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date