## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010566

INC.

Entity Name: SOUTH FLORIDA ASSOCIATION OF CODE ENFORCEMENT

**Current Principal Place of Business:** 

555 17TH STREET MIAMI BEACH, FL 33139

**Current Mailing Address:** 

555 17TH STREET

MIAMI BEACH, FL 33139 US

FEI Number: 45-2626247 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH FLORIDA ASSOCIATION OF CODE ENFORCEMENT C/O MERCEDES CARCASSES 555 17TH STREET MIAMI BEACH, FL 33139 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: MERCEDES A. CARCASSES 01/15/2015

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title 1ST VICE PRESIDENT

Name CARCASSES, MERCEDES A. Name DAMIEN, JOE

555 17TH STREET 9293 HARDING AVENUE Address Address City-State-Zip: SURFSIDE FL 33154 City-State-Zip: MIAMI BEACH FL 33139

Title **SECRETARY** Title 2ND VICE PRESIDENT MOBLEY, LORI Name CANDIDO, SOSA-CRUZ Name

Address 655 NINETY-SIXTH STREET 17051 NE 19TH STREET Address City-State-Zip: BAL HARBOUR FL 33154 City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SERGEANT AT ARMS **TREASURER** Title Name MURRAY, MAURICE Name AYALA, MARIA V

Address 1666 KENNEDY CAUSEWAY, 3RD Address 7777 NW 72 AVENUE

FI OOR

City-State-Zip: MEDLEY FL 33166 City-State-Zip: NORTH BAY VILLAGE FL 33141

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: MERCEDES CARCASSES

**PRESIDENT** 

01/15/2015 Date

**FILED** Jan 15, 2015

**Secretary of State** 

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