

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003301

Entity Name: FLORIDA ACADEMY OF AUDIOLOGY, INC.**Current Principal Place of Business:**99 SE MIZNER BLVD
#233
BOCA RATON, FL 33432**Current Mailing Address:**PO BOX 8685
DELRAY BEACH, FL 33482**FEI Number:** 65-0764913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAXIM MANAGEMENT
99 SE MIZNER BLVD
#233
BOCA RAON, FL 33432 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	AUNGST, HOLLE AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	TREASURER
Name	SIMON, CINDY AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	EXDR
Name	SCHLEGEL, RACHEL
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	SEC
Name	WEIST, DEVON AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	VPCO
Name	ULMER, DANA AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	PAST PRESIDENT
Name	DANESH, ALI
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	PRESIDENT ELECT
Name	SHIMON, DEBRA
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

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: RACHEL SCHLEGEL**EXECUTIVE DIRECTOR****03/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date