

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001858

FILED
Feb 08, 2012
Secretary of State

Entity Name: ACADEMY OF FLORIDA MANAGEMENT ATTORNEYS, INC.

Current Principal Place of Business:

450 E LAS OLAS BLVD
STE 800
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

450 E LAS OLAS BLVD
STE 800
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1106067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAULKINS, CHARLES S
450 E LAS OLAS BLVD
STE 800
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: TURK, ROBERT S
Address: 150 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

Title: DP
Name: HAMENT, ANDREW S
Address: 1901 HARBOR CITY BLVD, #501
City-St-Zip: MELBOURNE, FL 32901

Title: DVP
Name: EISENBERG, SUSAN N
Address: ONE S.E. 3RD AVE 28TH FL.
City-St-Zip: MIAMI, FL 33131

Title: DST
Name: GOLDBERG-MCENREY, JANET
Address: 201 N. FRANKLIN STREET, SUITE #2000
City-St-Zip: TAMPA, FL 33602

Title: DSA
Name: BERNSTEIN, STEVEN
Address: 401 E. JACKSON STREET
City-St-Zip: TAMPA, FL 33602

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 S. TURK

D

02/08/2012

Electronic Signature of Signing Officer or Director

Date