

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2011
Secretary of State

Entity Name: FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION

Current Principal Place of Business:

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3427843 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLEN, TRACY ESQ.
SENIOR ATTORNEY
1801 HERMITAGE BLVD., SUITE 100
TALLAHASSEE, FL 32308 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: DC
Name: SCOTT, RICK
Address: PL05, THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323990001

Title: D
Name: BONDI, PAM
Address: PL01 THE CAPTIOL
City-St-Zip: TALLAHASSEE, FL 323991050

Title: TD
Name: ATWATER, JEFF
Address: PL01, THE CAPTIOL
City-St-Zip: TALLAHASSEE, FL 32399

Title: D
Name: WATKINS, BEN
Address: 1801 HERMITAGE BLVD, 2ND FLOOR
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP
Name: NICHOLSON, JACK DR.
Address: 1801 HERMITAGE BLVD., FIRST FLOOR
City-St-Zip: TALLAHASSEE, FL 32308

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: TRACY ALLEN

ATTY

01/10/2011

Electronic Signature of Signing Officer or Director

Date