

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711023

**Entity Name:** ILLINI ASSOCIATION, INC.**Current Principal Place of Business:**545 SOUTH FT. LAUD. BEACH BLVD  
SECURITY OFFICE  
FORT LAUDERDALE, FL 33316**Current Mailing Address:**P.O. BOX 9139  
CORAL SPRINGS, FL 33075 US**FEI Number:** 59-0973921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RANDALL K. ROGER AND ASSOCIATES, P.A.  
ONE PARK PLACE  
621 NW 53 ST SUITE 300  
BOCA RATON, FL 33487 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:** RANDALL K. ROGER

02/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | ASST. SECRETARY                |
| Name            | CRANE, TOM                     |
| Address         | 545 SOUTH FT. LAUD. BEACH BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33316       |

|                 |                             |
|-----------------|-----------------------------|
| Title           | PRESIDENT                   |
| Name            | MAGDEN, DAVID               |
| Address         | 545 S. FORT LAUD BEACH BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33316    |

|                 |                          |
|-----------------|--------------------------|
| Title           | VP                       |
| Name            | MATUSZEWSKI, SHARON      |
| Address         | 545 S FT LAUDERDALE BLVD |
| City-State-Zip: | FT, LAUDERDALE FL        |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | SECRETARY                           |
| Name            | CHAPIN, SCOTT                       |
| Address         | 545 SOUTH FT LAUDERDALE BEACH BLVD. |
| City-State-Zip: | FT LAUDERDALE FL 33316              |

*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:** TOM CRANE

ASSISTANT SECRETARY 02/15/2016

Electronic Signature of Signing Officer/Director Detail

Date