

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716469

FILED
May 03, 2016
Secretary of State
CC7103310710

Entity Name: FLORIDA NATIONAL PARKS ASSOCIATION, INC.

Current Principal Place of Business:

10 PARACHUTE KEY #51
HOMESTEAD, FL 33034

Current Mailing Address:

10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 US

FEI Number: 59-0916076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUTTON, JAMES M
C/O FLORIDA NATIONAL PARKS ASSN, INC.
10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 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 D
Name HUFF, PATRICIA A
Address 207 N. STORTER AVE.
City-State-Zip: EVERGLADES CITY FL 34139

Title D
Name JACOBSEN, MARLOW
Address 144 NORTH KROME AVENUE
City-State-Zip: HOMESTEAD FL 33030

Title T
Name SIMMONS, KEITH F
Address 13300 SW 105TH AVENUE
City-State-Zip: MIAMI FL 33176

Title D
Name JONES, THOMAS
Address 17950 SW 285TH ST
City-State-Zip: HOMESTEAD FL 33030

Title D
Name LYNN, JOHN
Address 48 NE 15TH STREET
City-State-Zip: HOMESTEAD FL 33030

Title EXECUTIVE DIRECTOR
Name SUTTON, JAMES M
Address 10 PARACHUTE KEY #51
City-State-Zip: HOMESTEAD FL 33034

Title D
Name BROMBERG, BOB
Address 14822 SW 74TH PL
City-State-Zip: MIAMI FL 33158

Title CHAIRMAN
Name SHELLY, STEPHEN R
Address 1751 NW 17TH ST
City-State-Zip: HOMESTEAD FL 33030

Continues on page 2

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: JAMES M SUTTON

EXECUTIVE DIRECTOR

05/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name ACCURSIO, JAMES
Address 935 N. KROME AVE
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name MULLINS, RICHARD
Address 31155 SW 197TH AVE
City-State-Zip: HOMESTEAD FL 33030

Title D
Name LIPE, DANIEL P
Address 3849 ESTEPONA AVE
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name WALLACE, OTIS
Address 569 SW 2ND ST
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name ADAMS, FRANKLIN
Address 761 15TH ST NW
City-State-Zip: NAPLES FL 34120

Title DIRECTOR
Name CHAPLIN, ROBERT
Address 10871 SW 188TH ST
SUITE 2
City-State-Zip: MIAMI FL 33157

Title D
Name MACHESIC, DALE
Address 205 N. FLAGLER AVE
City-State-Zip: HOMESTEAD FL 33034

Title D
Name MOURE, EDWIN
Address 3122 CENTER ST.
City-State-Zip: MIAMI FL 33133

Title VC
Name FREUNDLICH, DAVID
Address 10760 SW 123 ST
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name SPINIELLI, FRANK
Address 31155 SW 197TH AVE
City-State-Zip: HOMESTEAD FL 33183

Title DIRECTOR
Name YOUNG, J.R.
Address 2607 AUGUSTA DR.
City-State-Zip: HOMESTEAD FL 33035

Title DIRECTOR
Name DAYHOFF, SANDY
Address H.C. 61 BOX 68
OLD LOOP ROAD
City-State-Zip: OCHOPEE FL 34141