

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716469

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC0472729760**

**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 D  
Name RING, RICHARD G  
Address 7612 CLARENDON RD  
City-State-Zip: BETHESDA MD 20814

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

**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**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title D  
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