

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717919

**Entity Name:** FLORIDA APARTMENT ASSOCIATION, INC.**Current Principal Place of Business:**105 E. ROBINSON STREET  
STE 301  
ORLANDO, FL 32801**Current Mailing Address:**105 E. ROBINSON STREET  
STE 301  
ORLANDO, FL 32801 US**FEI Number:** 59-1309017**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLD, JOSH EVP  
105 E. ROBINSON STREET  
STE 301  
ORLANDO, FL 32801 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:** JOSH GOLD

01/04/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name WINGATE, SHAWN  
Address 4926 NORMANDY COURT  
City-State-Zip: CAPE CORAL FL 33904

Title VP  
Name TRAINER, LORI  
Address 335 N. KNOWLES, #101  
City-State-Zip: WINTER PARK FL 32789

Title TREASURER  
Name SMETZER, BONNIE  
Address 4840 DAIRY RD #104  
City-State-Zip: MELBOURNE FL 32904

Title SECRETARY  
Name FORD, CECELIA  
Address 5640 24TH AVE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title ASSOCIATES CHAIR  
Name TOUNG, ERIN  
Address 947 BEVILLE ROAD  
15  
City-State-Zip: SOUTH DAYTONA FL 32119

Title ASSOCIATION EXECUTIVES COUNCIL  
CHAIRMAN  
Name TATUM, LENNON  
Address 340 N. MAITLAND AVENUE  
City-State-Zip: MAITLAND FL 32751

*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:** SHAWN WINGATE

PRESIDENT

01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date