

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

DOCUMENT# N00266

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC9885053930**

**Entity Name:** ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.

**Current Principal Place of Business:**

801 N MAGNOLIA AVE,  
SUITE 109  
ORLANDO, FL 32803

**Current Mailing Address:**

801 N MAGNOLIA AVE,  
SUITE 109  
ORLANDO, FL 32803 US

**FEI Number: 59-2721141**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOLDENBERG , ALLISON D  
801 N MAGNOLIA AVE,  
SUITE 109  
ORLANDO, FL 32803 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:** ALLISON D GOLDENBERG

01/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name GIBSON, TIMOTHY A  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name STONE, DAVID  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title PRESIDENT  
Name STENGER, HOLLY  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name SWITZER-KROGER, KANDICE  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name MCCAUSLAND, JOSE  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name O'CONNELL, KYLE  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name RIVERA , HERNAN  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name ROACH, JUDGE  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

**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:** ALLISON GOLDENBERG

**EXECUTIVE DIRECTOR**

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOLDENBERG , ALLISON D  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title TREASURER  
Name JERONIMO, JOHN  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title SECRETARY  
Name NEMETHY, CHRISTOPHER  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title VP  
Name MACPHEE, ANDREW  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803