

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00266

**FILED  
Jun 15, 2020  
Secretary of State  
1552953735CC**

**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:**

SCARBORO, GARY  
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:** GARY SCARBORO

06/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ALONSO, ERNESTO  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

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

Title DIRECTOR, EMERGING PROF  
Name GIL, ARLENE  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

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

Title STATE DIRECTOR  
Name BOYLE, TREVOR  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

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

Title DIRECTOR  
Name WALL, MATTHEW  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, EXECUTIVE  
Name SCARBORO, GARY  
Address 801 N MAGNOLIA AVE,  
SUITE 109  
City-State-Zip: ORLANDO FL 32803

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*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:** GARY SCARBORO

EXEC DIR

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title            DIRECTOR  
Name            LOZADA, ITZEL  
Address         801 N MAGNOLIA AVE,  
                  SUITE 109  
City-State-Zip: ORLANDO FL 32803

Title            ALLIED DIRECTOR  
Name            LEWIS, LAURA  
Address         801 N MAGNOLIA  
                  SUITE 109  
City-State-Zip: ORLANDO FL 32801