

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001858

**Entity Name:** ACADEMY OF FLORIDA MANAGEMENT ATTORNEYS, INC.**Current Principal Place of Business:**450 E LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**7401 WILES ROAD  
SUITE 331  
CORAL SPRINGS, FL 33067 US**FEI Number:** 65-1106067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAULKINS, CHARLES S  
450 E LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301 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	PAST PRESIDENT
Name	GABRIELLE, ERIC
Address	C/O STEARNS, WEAVER 200 E. LAS OLAS BLVD
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	PRESIDENT
Name	MCCLELLAND, DENNIS
Address	PHELPS DUNBAR 100 S. ASHLEY DRIVE
City-State-Zip:	TAMPA FL 33601

Title	VP
Name	KLINE, ARLENE
Address	AKERMAN LLP 777 SOUTH FLAGLER DRIVE SUITE 1100 WEST TOWER
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SECRETARY, TREASURER
Name	VANCE, KEVIN
Address	C/O DUANE MORRIS 1875 NW CORPORATE BLVD SUITE 300
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR, OTHER
Name	FARB, GAIL
Address	200 SOUTH ORANGE AVENUE
City-State-Zip:	SARASOTA FL 34236

*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: DENNIS MCCLELLAND****PRESIDENT****05/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date