

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

DOCUMENT# N02000005581

**Entity Name:** FLORIDA ASSOCIATION OF MANAGING PARTNERS, INC.**Current Principal Place of Business:**200 EAST BROWARD BOULEVARD  
SUITE 1900  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**200 EAST BROWARD BOULEVARD  
SUITE 1900  
FORT LAUDERDALE, FL 33301 US**FEI Number:** 06-1672166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCORMICK, BRAD J ESQ.  
25 WEST FLAGLER STREET  
PENTHOUSE  
MIAMI, FL 33130 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:** BRAD J. MCCORMICK

03/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	MCCORMICK, BRAD J
Address	25 WEST FLAGLER STREET PENTHOUSE
City-State-Zip:	MIAMI FL 33130
Title	SECOND VICE PRESIDENT/SECRETARY
Name	MELAND, MARK
Address	200 SOUTH BISCAYNE BOULEVARD SUITE #3200
City-State-Zip:	MIAMI FL 33131
Title	THIRD VICE PRESIDENT/SECOND SECRETARY
Name	RIVERO, ANDRES
Address	2525 PONCE DE LEON BOULEVARD SUITE #1000
City-State-Zip:	MIAMI FL 33134

Title	VP
Name	LOPEZ-CASTRO, CORALI
Address	2525 PONCE DE LEON BOULEVARD NINTH FLOOR
City-State-Zip:	MIAMI FL 33134-6037
Title	TREASURER
Name	COLSON, DEAN C
Address	255 ALHAMBRA CIRCLE, PH
City-State-Zip:	CORAL GABLES FL 33134-7411

*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:** BRAD J. MCCORMICK

PRESIDENT

03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date