

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

DOCUMENT# N06000009307

**Entity Name:** INSTITUTE OF CLASSICAL ARCHITECTURE & ART FLORIDA, INC.**FILED**  
**Mar 07, 2022**  
**Secretary of State**  
**1802541516CC****Current Principal Place of Business:**240 WORTH AVENUE  
STUDIO 202  
PALM BEACH, FL 33480**Current Mailing Address:**PO BOX 3641  
CORAL GABLES, FL 33114 US**FEI Number: 20-5534735****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUCH, CLIFFORD G  
240 WORTH AVENUE  
STUDIO 202  
PALM BEACH, FL 33480 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:** CLIFFORD G DUCH**03/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	BUXBAUM, GERALD
Address	1300 PONCE DE LEON BLVD 1003
City-State-Zip:	CORAL GABLES FL 33134

Title	EXECUTIVE SECRETARY
Name	TEOFILO, VICTORIA
Address	224 VALENCIA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	DUCH, CLIFFORD G
Address	1936 SAN MARCO BOULEVARD STUDIO 101
City-State-Zip:	JACKSONVILLE FL 32207

Title	TREA
Name	POZZOULI, JOSPEH
Address	314 MOODY BLVD
City-State-Zip:	FLAGLER BEACH FL 32136

Title	SECRETARY
Name	CRONK, JOSEPH
Address	1936 SAN MARCO BOULEVRAD STUDIO 101
City-State-Zip:	JACKSONVILLE FL 32207

*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:** GERALD BUXBAUM**PRESIDENT****03/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date