

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

DOCUMENT# N08000004212

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC8323560423**

**Entity Name:** ADRIENNE ARSHT CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

1300 BISCAYNE BLVD  
MIAMI, FL 33132

**Current Mailing Address:**

1300 BISCAYNE BLVD  
MIAMI, FL 33132 US

**FEI Number: 26-2567808**

**Certificate of Status Desired: Yes**

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

GREEN, DAVID  
1300 BISCAYNE BLVD  
MIAMI, FL 33132 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: DAVID GREEN**

**04/12/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ESSERMAN, RONALD  
Address 10455 N.W. 12TH STREET  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name ROCKER, DAVID  
Address 791 CRANDON BLVD  
APT 1206  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name BATCHELOR, NANCY  
Address 5451 PINE TREE DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name DIMARE, SWANEE  
Address 10985 OLD CUTLER ROAD  
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR  
Name SEVILLA-SACASA, FRANCES  
Address 460 SOLANO PRADO  
City-State-Zip: CORAL GABLES FL 33156

Title TREASURER  
Name BARLICK, ROBERT JR.  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 3700  
City-State-Zip: MIAMI FL 33131

Title CHAIRMAN  
Name ARSHT, ADRIENNE  
Address 2221 30TH STREET NW  
City-State-Zip: WASHINGTON DC 20008

Title SECRETARY  
Name GONZALEZ, SERGIO M.  
Address 6200 SAN AMARO DRIVE  
SUITE 300  
City-State-Zip: CORAL GABLES FL 33146

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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: ADRIENNE ARSHT**

**CHAIRMAN**

**04/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BELL, TRISH  
Address 457 LEUCANDENDRA DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR  
Name WILLIAMS, JASON  
Address 200 SOUTH BISCAYNE BOULEVARD  
15TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name CAPLIN, LEE E.  
Address 60 EDGEWATER DRIVE  
APARTMENT 8G  
City-State-Zip: CORAL GABLES FL 33133