

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004212

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**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

04/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title C
Name SCHATZ, RICHARD E
Address 150 WEST FLAGLER STREET, SUITE
2200
City-State-Zip: MIAMI FL 33130

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

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

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

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: RICHARD E SCHATZ

CHAIRMAN

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date