

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001582

**Entity Name:** ST. MAARTEN TALLAHASSEE STUDENTS ASSOCIATION,  
INCORPORATED

**Current Principal Place of Business:**

880 ANGELA DRIVE  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

880 ANGELA DRIVE  
TALLAHASSEE, FL 32305 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

FORBES, LILILITA  
880 ANGELA DRIVE  
TALLAHASSEE, FL 32305 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:** LILILITA FORBES

**06/24/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GIBSON, KEEVAN  
Address        505 WEST THARPE STREET  
                  APT#2212  
City-State-Zip: TALLAHASSEE FL 32303

Title            T  
Name            FLORENTINA, HAKEEM  
Address        505 WEST THARPE STREET  
                  APT#111  
City-State-Zip: TALLAHASSEE FL 32303

Title            VP  
Name            MARTINUS, SHAKIMO  
Address        505 WEST THARPE STREET  
                  APT#111  
City-State-Zip: TALLAHASSEE FL 32303

Title            SECRETARY  
Name            BELL, NAOMI  
Address        600 EUGENIA STREET  
                  APT#124  
City-State-Zip: TALLAHASSEE FL 32310

*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:** KEEVAN GIBSON

**PRESIDENT**

**06/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date