

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

DOCUMENT# N11000000054

**FILED**  
**Jan 15, 2017**  
**Secretary of State**  
**CC5959372025**

**Entity Name:** CROOMS AOIT ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

10151 UNIVERSITY BLVD #335  
ORLANDO, FL 32817

**Current Mailing Address:**

10151 UNIVERSITY BLVD #335  
ORLANDO, FL 32817

**FEI Number:** 27-4446136

**Certificate of Status Desired:** No

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

ADAMS, GAELAN S  
612 WARRENTON RD  
WINTER PARK, FL 32792 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name D'ABREO, GABRIELA  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

Title PRESIDENT, CHAIRMAN  
Name MANGUS, JAMES B  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name RITTER, NIKKO  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name CARLI, MATTHEW K  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR, VP  
Name RAYMOND, GREGORY  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name EDWARDS, ROLANA  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name NAZARIO, JEMISHIA  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name SHIFLETT, SAMUEL  
Address 10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817

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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:** JAMES BROCK MANGUS

**PRESIDENT, DIRECTOR**

**01/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GHIGLERI, ALEX  
Address        10151 UNIVERSITY BLVD #335  
City-State-Zip: ORLANDO FL 32817