

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000054

Entity Name: CROOMS AOIT ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**3129 SANTORINI CT
TAMPA, FL 33611**Current Mailing Address:**3129 SANTORINI CT
TAMPA, FL 33611 US**FEI Number:** 27-4446136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANGUS, JAMES B
3129 SANTORINI CT
TAMPA, FL 33611 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:** JAMES B MANGUS

01/21/2018

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 B MANGUS

DIRECTOR

01/21/2018

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