

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007179

**Entity Name:** THE MIAMI BOARDING SCHOOL, INC.**Current Principal Place of Business:**1000 BRICKELL AVE SUITE 1020  
MIAMI, FL 33131**Current Mailing Address:**1000 BRICKELL AVE SUITE 1020  
MIAMI, FL 33131**FEI Number:** 45-3532587**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 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 BUDD, AVIVA  
Address 215 OCEAN DRIVE W  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name DAVIS, JARET L  
Address 333 SE 2ND AVE., STE 4400  
City-State-Zip: MIAMI FL 33131

Title SECRETARY, CHAIRMAN,  
PRESIDENT, DIRECTOR  
Name DAMIAN, MELANIE  
Address 1000 BRICKELL AVE SUITE 1020  
City-State-Zip: MIAMI FL 33131

Title TREASURER, DIRECTOR  
Name GANNON, PATRICK  
Address 6545 SW 129 TERR  
City-State-Zip: PINECREST FL 33156

Title DIRECTOR  
Name GORDON, ROBERT J  
Address 89 CORYDON DR.  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name MASON, MICHELLE D  
Address FIU COLLEGE OF LAW  
11200 SW 8TH STREET MMC, RDB  
2022  
City-State-Zip: MIAMI FL 33199

Title DIRECTOR  
Name EMMONS, VIRGINIA  
Address 100 COLLINS AVE PH3  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name MEDINA, TERY J.  
Address THE SOUTHEASTERN EQUITY  
CENTER  
1401 EAST BROWARD BOULEVARD  
SUITE 304  
City-State-Zip: FT. LAUDERDALE FL 33301

**Continues on page 2**

*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:** MELANIE DAMIAN

CHAIRPERSON

07/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CULMO, THOMAS
Address	4090 LAGUNA STREET
City-State-Zip:	CORA GABLES FL 33146