

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001430

Entity Name: RISK MANAGEMENT ASSOCIATION SOUTHEAST FLORIDA
CHAPTER, INC.**FILED**
May 13, 2017
Secretary of State
CC6717135007**Current Principal Place of Business:**200 SOUTH BISCAYNE BLVD
MAC Z6204-018
MIAMI, FL 33131**Current Mailing Address:**200 SOUTH BISCAYNE BLVD
MAC Z6204-018
MIAMI, FL 33131 US**FEI Number: 47-3265990****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RISK MANAGEMENT ASSOCIATION SOUTHEAST FLORIDA CHAPTER INC.
200 SOUTH BISCAYNE BLVD
MAC Z6204-018
MIAMI, FL 33131 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:** GREGORY M. SANTIN

05/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	TRACY, SEAN
Address	200 SOUTH BISCAYNE BLVD MAC Z6204-018
City-State-Zip:	MIAMI FL 33131

Title	TREASURER
Name	SOUCY, THOMAS
Address	200 SOUTH BISCAYNE BLVD MAC Z6204-018
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	CROTTY, STEPHEN
Address	200 SOUTH BISCAYNE BLVD MAC Z6204-018
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	SANTIN, GREGORY
Address	200 SOUTH BISCAYNE BLVD MAC Z6204-018
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: GREGORY SANTIN**DIRECTOR**

05/13/2017

Electronic Signature of Signing Officer/Director Detail

Date