

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003330

**FILED**  
**Mar 11, 2013**  
**Secretary of State**  
**CC7187135883**

**Entity Name:** CHAPMAN PARTNERSHIP, INC.

**Current Principal Place of Business:**

1550 N. MIAMI AVE.  
MIAMI, FL 33136

**Current Mailing Address:**

1550 N. MIAMI AVE.  
MIAMI, FL 33136 US

**FEI Number:** 65-0425069

**Certificate of Status Desired:** No

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

VINCENT, H. DANIEL  
1550 N MIAMI AVE  
MIAMI, FL 33136 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 C  
Name BELL, TRISH  
Address 457 LEUCADENDRA DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title TD  
Name HUSTON, JR., TOM  
Address 1121 MADRUGA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title SD  
Name CRABTREE, BONNIE M  
Address 1450 BRICKELL AVENUE, SUITE 2610  
City-State-Zip: MIAMI FL 33131

Title D  
Name ERBAN, TOMAS  
Address 604 MALAGA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name BESTMAN, EVALINA DR.  
Address 1313 NW 36 STREET, SUITE 400  
City-State-Zip: MIAMI FL 33142

Title DCC  
Name HOWE, OSMOND CJR.  
Address 2000 TOWERSIDE TERR., SUITE 402  
City-State-Zip: MIAMI FL 33138

*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:** TOM HUSTON, JR.

**TREASURER**

**03/11/2013**

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

\_\_\_\_\_  
Date