

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003330

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:** Yes**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 CHAIR EMERITUS
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

Title PRESIDENT/CEO
Name VINCENT, H. DANIEL
Address 1550 NORTH MIAMI AVENUE
City-State-Zip: MIAMI FL 33136

Title CHAIRMAN
Name FERNANDEZ-GUZMAN, CARLOS
Address 1390 BRICKELL AVENUE
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: H. DANIEL VINCENT**PRESIDENT & CEO****01/31/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date