

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 28, 2013
Secretary of State
CC2309398276

Entity Name: FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION

Current Principal Place of Business:

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 13300
TALLAHASSEE, FL 32317

FEI Number: 59-3427843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, TRACY ESQ.
SENIOR ATTORNEY
1801 HERMITAGE BLVD., SUITE 100
TALLAHASSEE, FL 32308 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 DC
Name SCOTT, RICK
Address PL05, THE CAPITOL
City-State-Zip: TALLAHASSEE FL 32399-0001

Title D
Name BONDI, PAM
Address PL01 THE CAPTIOL
City-State-Zip: TALLAHASSEE FL 32399-1050

Title TD
Name ATWATER, JEFF
Address PL01, THE CAPTIOL
City-State-Zip: TALLAHASSEE FL 32399

Title D
Name WATKINS, BEN
Address 1801 HERMITAGE BLVD, 2ND FLOOR
City-State-Zip: TALLAHASSEE FL 32308

Title DP
Name NICHOLSON, JACK DR.
Address 1801 HERMITAGE BLVD., FIRST FLOOR
City-State-Zip: TALLAHASSEE FL 32308

Title SEC
Name ALLEN, TRACY
Address 1801 HERMITAGE BLVD., FIRST FLOOR
City-State-Zip: TALLAHASSEE FL 32308

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: TRACY ALLEN

SENIOR ATTORNEY

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date