

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

DOCUMENT# N99000001877

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC3538609376**

**Entity Name:** SIGMA PHI EPSILON FLORIDA GAMMA CHAPTER ALUMNI BOARD, INC.

**Current Principal Place of Business:**

ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131

**Current Mailing Address:**

ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131

**FEI Number: 65-0922880**

**Certificate of Status Desired: No**

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

ARCHAMBAULT, LOUIS P  
ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BLVD.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name ARCHAMBAULT, LOUIS  
Address ONE BISCAYNE TOWER, S2400, 2 S.  
BISCAYNE B  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MERCHAN, GARY  
Address 13995 LAKE LURE CT.  
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR, TREASURER  
Name GRUNWALDT, HANS  
Address 8134 SW 102ND AVENUE  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR, VP  
Name DIAZ, JOSE F  
Address ONE SOUTHEAST THIRD AVENUE,  
25TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR, PRESIDENT  
Name TAHMOUSH, BRIAN  
Address 2824 CAMERON POND DRIVE  
City-State-Zip: CARY NC 27519

*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: LOUIS P. ARCHAMBAULT**

**SECRETARY**

**02/01/2013**

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

\_\_\_\_\_  
Date