

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003034

FILED
Jan 08, 2015
Secretary of State
CC1759852891

Entity Name: CIGAR ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

1100 G STREET, NW
SUITE 1050
WASHINGTON, DC 20005-7405

Current Mailing Address:

1100 G STREET, NW
SUITE 1050
WASHINGTON, DC 20005-7405 US

FEI Number: 13-5568722

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 PRESIDENT
Name WILLIAMSON, CRAIG
Address 900 US HWY 1 SUITE 203
City-State-Zip: JUPITER FL 33477

Title CHAIRMAN
Name CARR, DAN
Address 10900 NUCKOLS RD SUITE 100
City-State-Zip: GLEN ALLEN VA 23060

Title VP
Name NEWMAN, ERIC P
Address PO BOX 2030
City-State-Zip: TAMPA FL 33601

Title DIRECTOR
Name AUGUSTUS, JOSEPH
Address PO BOX 2230
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name CASEY, CHRISTOPHER L
Address PO BOX 2230
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name DREW, JONATHAN
Address 12415 SW 136TH AVE SUITE 7
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name BOHNE, CHRISTOPHER
Address 12415 SW 136TH AVENUE
 SUITE 7
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name BROWN, RALPH
Address 701 SOUTH BATTLEGROUND AVENUE
City-State-Zip: GROVER NC 28073

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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: CRAIG P. WILLIAMSON

PRESIDENT

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EIROA, CHRISTIAN
Address 4650 NW 74 AVENUE
City-State-Zip: MIAMI FL 33166

Title DIRECTOR
Name FRANZBLAU, ALIX
Address 5401 HANGAR COURT
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name FREUDENTHAL, KEVIN
Address 5900 N. ANDREWS AVENUE
10TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name GHILONI, PETER
Address P.O. BOX 2230
City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR
Name GOLD, MICHAEL
Address 3170 COMMERCIAL AVENUE
City-State-Zip: NORTHBROOK IL 60062

Title DIRECTOR
Name NEWMAN, ROBERT C
Address P.O. BOX 2030
City-State-Zip: TAMPA FL 33601

Title DIRECTOR
Name PEREZ-CARRILLO, ERNESTO II
Address 984 SW FIRST STREET
City-State-Zip: MIAMI FL 33130

Title DIRECTOR
Name ROEMER, HENRY C III
Address 102 WEST THIRD STREET
LOBBY LEVEL SUITE 200B
City-State-Zip: WINSTON-SALEM NC 27101

Title DIRECTOR
Name SHERMAN, WILLIAM
Address 2200 FLETCHER AVENUE
City-State-Zip: FT. LEE NJ 07024

Title DIRECTOR
Name WILKEY, ROB
Address 5900 N ANDREWS AVENUE
10TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name ESTADES, JAVIER
Address 5900 N. ANDREWS AVE
10TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33309-2369

Title DIRECTOR
Name KALAMBOKAS, DIANE
Address 3001 GATEWAY CENTRE PARKWAY
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name KEMPER, ARTHUR
Address 5150 NW 167TH STREET
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR
Name MCGEE, DANIEL P.
Address 10900 NUCKOLS ROAD
SUITE 100
City-State-Zip: GLEN ALLEN VA 23060

Title DIRECTOR
Name MICHOLS, KELLY
Address 2280 MOUNTAIN INDUSTRIAL
BOULEVARD
City-State-Zip: TUCKER GA 30084

Title DIRECTOR
Name PERDOMO, NICHOLAS
Address 5150 NW 167TH STREET
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR
Name POGUE, JAMES K
Address P. O. BOX 97
City-State-Zip: FRANKFORT IN 46041-0097

Title DIRECTOR
Name SAMEL, MARVIN
Address 12415 SW 136TH AVENUE
SUITE 7
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name VAN OLDEN, NICK
Address 5900 N. ANDREWS AVENUE
10TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name WOLF, KENNETH J
Address P.O. BOX 97
City-State-Zip: FRANKFORT IN 46041-0097

Title DIRECTOR
Name YOUNG, JIM
Address 3001 GATEWAY CENTRE PARKWAY
City-State-Zip: PINELLAS PARK FL 33782