

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003034

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC0390142895**

**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           ESTADES, JAVIER  
Address        5900N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

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

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

**Continues on page 2**

*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 WILLIAMSON

**PRESIDENT**

**01/22/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name MILSTEIN, RONALD  
Address 714 GREEN VALLEY ROAD  
City-State-Zip: GREENSBORO NC 27408

Title DIRECTOR  
Name GALLAGHER, TERRY  
Address 6790 WINCHESTER CIRCLE  
City-State-Zip: BOULDER CO 80301

Title DIRECTOR  
Name SANTOS, FRANK  
Address 2671 W 81 STREET  
City-State-Zip: HIALEAH FL 33016

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

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

Title TREASURER  
Name REYNOLDS, CRAIG  
Address 10900 NUCKOLS ROAD  
SUITE 100  
City-State-Zip: GLENN ALLEN VA 23060

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

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