

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753712

**FILED**  
**Mar 31, 2004**  
**Secretary of State****Entity Name:** INTERNATIONAL INTERIOR DESIGN ASSOCIATION FLORIDA CHAPTER, INC.**Current Principal Place of Business:**110-20TH AVENUE NORTH  
ST. PETERSBURG, FL 33704**New Principal Place of Business:**407 WEKIVA SPRINGS ROAD  
SUITE 241  
LONGWOOD, FL 32779**Current Mailing Address:**P.O. BOX 7797  
ST. PETERSBURG, FL 337347797**New Mailing Address:**407 WEKIVA SPRINGS ROAD  
SUITE 241  
LONGWOOD, FL 32779**FEI Number:** 59-2029657**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SIENKIEWICZ, JONE R  
% IIDA FLORIDA CHAPTER  
407 WEKIVA SPRINGS ROAD, STE. 241  
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** DAVISSON, REBECCA  
**Address:** 1301 RIVERPLACE BLVD #500  
**City-St-Zip:** JACKSONVILLE, FL 33207**Title:** PE ( ) Delete  
**Name:** BONET, ALEJANDRO  
**Address:** 1955 NW 17TH AVE  
**City-St-Zip:** MIAMI, FL 33125**Title:** D ( ) Delete  
**Name:** IELFIELD, IAN  
**Address:** 35 WEST CENTRAL BLVD STE 400  
**City-St-Zip:** ORLANDO, FL 32801**Title:** D ( ) Delete  
**Name:** VOLOSIN, JULIE  
**Address:** 4300 W CYPRESS ST STE 830  
**City-St-Zip:** TAMPA, FL 33607**Title:** PP ( ) Delete  
**Name:** CANAVES, JAIME  
**Address:** 7373 SW 60TH STREET  
**City-St-Zip:** MIAMI, FL 33143**Title:** ED ( ) Delete  
**Name:** MITROVKA, DEBORAH A  
**Address:** 110-20TH AVE NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33704**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ED (X) Change ( ) Addition  
**Name:** SIENKIEWICZ, JONE R  
**Address:** 407 WEKIVA SPRINGS ROAD, SUITE 241  
**City-St-Zip:** LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JONE R. SIENKIEWICZ

ED

03/31/2004

Electronic Signature of Signing Officer or Director

Date