## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#753712** 

FILED Sep 02, 2008 Secretary of State

Entity Name: INTERNATIONAL INTERIOR DESIGN ASSOCIATION FLORIDA CHAPTER, INC.

Current Principal Place of Business:		New Principal Place of Business:	
MERCHAN SUITE 13-3 CHICAGO			
Current Mailing Address:		New Mailing Address:	
MERCHANDISE MART SUITE 13-500 CHICAGO, IL 60654			
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receive		ce.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
1201 HAYS	ATION SERVICE COMPANY S STREET SSEE, FL 32301 US		
	named entity submits this statement for the purpose of Florida.	of changing	its registered office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete PETERSEN, ELAINE 12056 SANDY SHORES DRIVE WINDERMERE, FL 34786	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	PE () Delete CROSBY, REBECCA 1301 RIVERPLACE BLVD, SUITE 500 JACKSONVILLE, FL 32207	Title: Name: Address: City-St-Zip:	PE (X) Change ( ) Addition DANIEL, JENIFER 5805 BARRY ROAD TAMPA, FL 33634
Title: Name: Address: City-St-Zip:	PP () Delete HEWITT, MARYANNE 14286-19 BEACH BLVD, #252 JACKSONVILLE, FL 32250	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete DELAURENTIS, ELIZABETH 215 CELEBRATION PLACE, SUITE 400 CELEBRATION, FL 34747	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete ROTHFIELD, KATIE 2121 PONCE DE LEON BLVD, SUITE 445 CORAL GABLES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete HARGROVE, JULIE 6959 STUART AVENUE JACKSONVILLE, FL 32254	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete HARGROVE, JULIE 6959 STUART AVENUE	Title: Name: Address: City-St-Zip:	or the exemption stated in Chapter 119,

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: ELAINE PETERSEN P 09/02/2008