

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31754

FILED
Feb 09, 2012
Secretary of State

Entity Name: NAIOP CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

219 EAST GRANT STREET
ORLANDO, FL 32806 US

New Principal Place of Business:

4219 WOODLYNNE LANE
ORLANDO, FL 32812 US

Current Mailing Address:

POST OFFICE BOX 560667
ORLAND, FL 32856

New Mailing Address:

FEI Number: 59-2965099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTELEONE, SHANNON L
219 E. GRANT STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

MONTELEONE, SHANNON L
4219 WOODLYNNE LANE
ORLANDO, FL 32812 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: SHANNON MONTELEONE

02/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: TOMLINSON, JOHN
Address: 800 N MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: P
Name: SHEPPARD, ALAN
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: PE
Name: GARRITY, STEVE
Address: 201 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: VP
Name: HILL, CHRISTINE
Address: 1173 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: SEC
Name: JOHNSON, TODD
Address: 4700 MILLENIA BLVD., SUITE 380
City-St-Zip: ORLANDO, FL 32839

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: ALAN SHEPPARD

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date