

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003330

FILED
Jan 18, 2012
Secretary of State

Entity Name: CHAPMAN PARTNERSHIP, INC.

Current Principal Place of Business:

1550 N. MIAMI AVE.
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

1550 N. MIAMI AVE.
MIAMI, FL 33136 US

New Mailing Address:

FEI Number: 65-0425069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINCENT, H. DANIEL
1550 N MIAMI AVE
MIAMI, FL 33136 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: C
Name: BELL, TRISH
Address: 457 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: TD
Name: HUSTON, JR., TOM
Address: 1121 MADRUGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: SD
Name: LEWIS, LYNN B
Address: 1390 BRICKELL AVE. STE. 280
City-St-Zip: MIAMI, FL 33131

Title: D
Name: ERBAN, TOMAS
Address: 604 MALAGA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: BESTMAN, EVALINA DR.
Address: 1313 NW 36 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33142

Title: DCC
Name: HOWE, OSMOND C JR.
Address: 2000 TOWERSIDE TERR., SUITE 402
City-St-Zip: MIAMI, FL 33138

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: H. DANIEL VINCENT

DIR

01/18/2012

Electronic Signature of Signing Officer or Director

Date