

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716469

**Entity Name:** FLORIDA NATIONAL PARKS ASSOCIATION, INC.**Current Principal Place of Business:**10 PARACHUTE KEY #51  
HOMESTEAD, FL 33034**Current Mailing Address:**10 PARACHUTE KEY #51  
HOMESTEAD, FL 33034 US**FEI Number:** 59-0916076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTTON, JAMES M  
C/O FLORIDA NATIONAL PARKS ASSN, INC.  
10 PARACHUTE KEY #51  
HOMESTEAD, FL 33034 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	D
Name	HUFF, PATRICIA A
Address	207 N. STORTER AVE.
City-State-Zip:	EVERGLADES CITY FL 34139

Title	D
Name	JACOBSEN, MARLOW
Address	144 NORTH KROME AVENUE
City-State-Zip:	HOMESTEAD FL 33030

Title	D
Name	RING, RICHARD G
Address	7612 CLARENDON RD
City-State-Zip:	BETHESDA MD 20814

Title	T
Name	SIMMONS, KEITH F
Address	13300 SW 105TH AVENUE
City-State-Zip:	MIAMI FL 33176

Title	VC
Name	JONES, THOMAS
Address	17950 SW 285TH ST
City-State-Zip:	HOMESTEAD FL 33030

Title	C
Name	LYNN, JOHN
Address	48 NE 15TH STREET
City-State-Zip:	HOMESTEAD FL 33030

Title	EXECUTIVE DIRECTOR
Name	SUTTON, JAMES M
Address	10 PARACHUTE KEY #51
City-State-Zip:	HOMESTEAD FL 33034

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: JAMES SUTTON****EXECUTIVE DIRECTOR****08/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date