

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03935

**Entity Name:** CENTRAL FLORIDA CPCU SOCIETY CHAPTER, INC.**Current Principal Place of Business:**344 CASA GRANDE DRIVE  
WINTER SPRINGS, FL 32708**Current Mailing Address:**344 CASA GRANDE DRIVE  
WINTER SPRINGS, FL 32708 US**FEI Number:** 59-2737706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEYES, PAULA  
344 CASA GRANDE DRIVE  
WINTER SPRINGS, FL 32708 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           TREASURER  
Name           VANCURA, ROBERT  
Address       195 S. WESTMONTE DR.  
                  SUITE 1130  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           SWIFT, ROBERT  
Address       1900 SUMMIT TOWER BLVD.  
                  SUITE 400  
City-State-Zip: ORLANDO FL 32810

Title           IMMEDIATE PAST PRESIDENT  
Name           REDDELL, KATHRYN  
Address       2250 LUCIEN WAY  
                  SUITE 300A  
City-State-Zip: MAITLAND FL 32751

Title           VP  
Name           BANKEN, NATOSHIA D  
Address       640 CENTURY POINT  
City-State-Zip: LAKE MARY FL 32746

Title           DIRECTOR  
Name           VANGORDER, VICKY  
Address       600 NORTHLAKE BLVD. #160  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title           PRESIDENT  
Name           KEYES, PAULA  
Address       344 CASA GRANDE DRIVE  
City-State-Zip: WINTER SPRINGS FL 32708

Title           PRESIDENT-ELECT  
Name           POLINO, BRIAN  
Address       2301 LUCIEN WAY  
                  SUITE 360  
City-State-Zip: MAITLAND FL 32751

Title           SECRETARY  
Name           ARNOLD, ANITA  
Address       1025 LANDVIEW COURT  
City-State-Zip: ORLANDO FL 32828

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*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:** PAULA KEYES**PRESIDENT****04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CARNEVALE, FRANK
Address	11486 CORPORATE BOULEVARD SUITE 160
City-State-Zip:	ORLANDO FL 32817