

2016 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 DIRECTOR
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 PRESIDENT ELECT
Name KEYES, PAULA
Address 344 CASA GRANDE DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

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

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

Title IMMEDIATE PAST PRESIDENT
Name FOLSOM, MARY
Address 255 PRIMERA BLVD
SUITE 300
City-State-Zip: LAKE MARY FL 32746

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

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

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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: ANITA ARNOLD**TREASURER****04/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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