## Entity Name: ONE SEVENTEEN PROFESSIONAL ARTS CENTER MASTER ASSOCIATION, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

95 MERRICK WAY SUITE 380 CORAL GABLES, FL 33134

## **Current Mailing Address:**

DOCUMENT# N0800008051

95 MERRICK WAY **SUITE 380** CORAL GABLES, FL 33134

# FEI Number: 26-3284825

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 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 **Officer/Director Detail :** Title PD Title STD YACOVETTA, MARK MAXWELL, DENISE Name Name 8500 ANDREW CARNEGIE BLVD. 3RD 8500 ANDREW CARNEGIE BLVD, 3RD Address Address FLOOR FLOOR CHARLOTTE NC 28262 CHARLOTTE NC 28262 City-State-Zip: City-State-Zip:

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: MARK YACOVETTA

Electronic Signature of Signing Officer/Director Detail

02/01/2013

Certificate of Status Desired: No

Date