

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09857

Entity Name: NAIOP OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**7751 BELFORT PARKWAY
SUITE 110
JACKSONVILLE, FL 32256**Current Mailing Address:**PO BOX 10681
JACKSONVILLE, FL 32247-0681 US**FEI Number:** 59-2551921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONZALES, LAURA
7751 BELFORT PARKWAY
SUITE 110
JACKSONVILLE, FL 32256 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:** LAURA GONZALES

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WILSON, TREY
Address	1 INDEPENDENT DRIVE SUITE 1200
City-State-Zip:	JACKSONVILLE FL 32202

Title	PRESIDENT - ELECT
Name	MCCORMACK, VINCE
Address	5 W FORSYTH STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	GONZALES, LAURA
Address	7751 BELFORT PARKWAY SUITE 110
City-State-Zip:	JACKSONVILLE FL 32256

Title	EXECUTIVE DIRECTOR
Name	BUCHANAN, CARMEL
Address	P. O. BOX 10681
City-State-Zip:	JACKSONVILLE FL 32247-0681

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: CARMEL BUCHANAN

EXECUTIVE DIRECTOR

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date