

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

DOCUMENT# N13000003008

**Entity Name:** STUDENT OCCUPATIONAL THERAPY ASSOCIATION, INC.

**Current Principal Place of Business:**

1 UNIVERSITY BLVD  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

1 UNIVERSITY BLVD  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 46-5316896

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONTGOMERY, SHERI  
1 UNIVERSITY BLVD  
ST. AUGUSTINE, FL 32086 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:** SHERI MONTGOMERY

02/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ADVISOR  
Name MONTGOMERY, SHERI LEE  
Address 1 UNIVERSITY BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title OTHER  
Name HULL, ANNE  
Address 1 UNIVERSITY BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

*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:** SHERI MONTGOMERY

ADVISOR

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date