

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009903

Entity Name: THE FLORIDA CHAPTER, POLY-INTER ALUMNI ASSOCIATION,
INTER-AMERICAN UNIVERSITY OF PUERTO RICO, INC.**FILED**
Feb 03, 2015
Secretary of State
CC0975824255**Current Principal Place of Business:**13574 VILLAGE PARK DR
ORLANDO, FL 32837**Current Mailing Address:**13574 VILLAGE PARK DR
ORLANDO, FL 32837**FEI Number: 22-3876872****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CALDERON, JULIO E
990 CARVER RD SE
PALM BAY, FL 32909 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	PD
Name	MORALES, JOSE L
Address	6350 GRAND OAK CIR APT 104
City-State-Zip:	BRADENTON FL 34203

Title	SD
Name	MORALES, LUCY
Address	6350 GRAND OAK CIR APT 104
City-State-Zip:	BRADENTON FL 34203

Title	D
Name	SANCHEZ, ESTEBAN
Address	6747 KENSON OAK CR
City-State-Zip:	LAKELAND FL 33810

Title	VD
Name	GARCES, MARIA
Address	518 LAKESHORE CIR
City-State-Zip:	LAKE MARY FL 32746

Title	TD
Name	CALDERON, JULIO
Address	13574 VILLAGE PARK DR
City-State-Zip:	ORLANDO FL 32837

Title	D
Name	PEREZ, LILLIAN
Address	1472 HIGH POINT BLVD
City-State-Zip:	ORLANDO FL 32825

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: JULIO E. CALDERON**TREASURER/REGISTER** **02/03/2015**
AGENT_____
Electronic Signature of Signing Officer/Director Detail_____
Date