

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005640

**FILED**  
**Jan 23, 2018**  
**Secretary of State**  
**CC2359674552**

**Entity Name:** FRENCH AMERICAN SOCIETY OF MIAMI, INC.

**Current Principal Place of Business:**

1235 WINDING OAKS CIRCLE  
VERO BEACH, FL 32963

**Current Mailing Address:**

1235 WINDING OAKS CIRCLE  
VERO BEACH, FL 32963

**FEI Number:** 47-4216944

**Certificate of Status Desired:** No

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

WOODBIDGE, FREDERICK JR.  
2655 S. LE JEUNE RD.  
SUITE 543  
CORAL GABLES, FL 33134 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 D  
Name BRION, JACQUES  
Address 1235 WINDING OAKS CIRCLE  
City-State-Zip: VERO BEACH FL 32963

Title D  
Name CAPDEVIELLE, XAVIER  
Address 11111 BISCAYNE BLVD., APT. 655  
City-State-Zip: MIAMI FL 33181

Title D  
Name GREGORY, MIMI C  
Address 4734 STRATFORD COURT, UNIT 1702  
City-State-Zip: NAPLES FL 34105

Title D  
Name STEIN, REGINA  
Address 163 N.E. 1ST ST.  
SUITE 603  
City-State-Zip: MIAMI FL 33132

Title D  
Name SUREAU, OLIVIER  
Address 990 BISCAYNE BLVD.  
OFFICE 701  
City-State-Zip: MIAMI FL 33132

Title D  
Name WOODBRIDGE, FREDERICK JR.  
Address 2655 S. LE JEUNE RD. STE 543  
City-State-Zip: CORAL GABLES FL 33134

*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:** XAVIER CAPDEVIELLE

D

01/23/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date