

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

DOCUMENT# N16000005229

**FILED  
Feb 24, 2017  
Secretary of State  
CC8795482797**

**Entity Name:** STTI CHI PHI CHAPTER 523 CORPORATION

**Current Principal Place of Business:**

901 SOUTH FLAGLER DR.  
WEST PALM BEACH, FL 33416

**Current Mailing Address:**

901 SOUTH FLAGLER DR.  
WEST PALM BEACH, FL 33416

**FEI Number:** 90-1123053

**Certificate of Status Desired:** No

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

PALM. BEACH ATLANTIC UNIVERSITY, INC.  
901 SOUTH FLAGLER DR.  
WEST PALM BEACH, FL 33416 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            T  
Name            DUNCAN, VANESSA  
Address        901 SOUTH FLAGLER DR.  
City-State-Zip: WEST PALM BEACH FL 33416

Title            S  
Name            KURETSKI, JENNIFER  
Address        901 SOUTH FLAGLER DR.  
City-State-Zip: WEST PALM BEACH FL 33416

Title            D  
Name            MASELLA, JOANNE  
Address        901 SOUTH FLAGLER DR.  
City-State-Zip: WEST PALM BEACH FL 33416

*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:** VANESSA DUNCAN

**TREASURER**

**02/24/2017**

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

\_\_\_\_\_  
Date