## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000007520

Entity Name: SELECTFLORIDA, INC.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE

SUITE 610

CORAL GABLES, FL 33134

**Current Mailing Address:** 

201 ALHAMBRA CIRCLE SUITE 610

CORAL GABLES, FL 33134 US

FEI Number: 93-1995847 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SWANSON, MATT 107 EAST MADISON STREET TALLAHASSEE, FL 32399 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: MATT SWANSON 05/03/2024

Electronic Signature of Registered Agent

Date

FILED May 03, 2024

Secretary of State

2078774332CC

Officer/Director Detail:

Title COO Title PRESIDENT

Name MATT SWANSON Name JOSE ANTONIO "TJ" VILLAMIL IV

Address 201 ALHAMBRA CIRCLE, SUITE 610 Address 201 ALHAMBRA CIRCLE, SUITE 610

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN Title VICE CHAIR

Name BRITTON, GREG Name CONOLEY, JENNIFER

Address 201 ALHAMBRA CIRCLE Address 201 ALHAMBRA CIRCLE

SUITE 610 SUITE 610

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, TREASUER Title DIRECTOR

Name KIGEL, BETH Name SIMAS, MICHAEL

Address 201 ALHAMBRA CIRCLE Address 201 ALHAMBRA CIRCLE

SUITE 610 SUITE 610

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title DIRECTOR, SECRETARY

Name SMALLRIDGE, KELLY Name WILSON, MARK

Address 201 ALHAMBRA CIRCLE Address 201 ALHAMBRA CIRCLE

SUITE 610 SUITE 610

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

## Continues on page 2

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: LORNA DUSTI

ASSISTANT TO THE PRESIDENT

05/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name PRIMROSE, NICK

201 ALHAMBRA CIRCLE SUITE 610 Address

City-State-Zip: CORAL GABLES FL 33134