

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31754

Entity Name: NAIOP CENTRAL FLORIDA CHAPTER, INC.**Current Principal Place of Business:**135 N KNOWLES AVE
WINTER PARK, FL 32789**Current Mailing Address:**POST OFFICE BOX 530048
ORLANDO, FL 32856 US**FEI Number:** 59-2965099**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WINTER, LINDSAY
135 N KNOWLES AVE
WINTER PARK, FL 32789 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:** LINDSAY WINTER

03/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name RICKARD, JAMES
Address 200 S ORANGE AVE.
 SUITE 1200
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name SORENSEN, CHRISTOPHER
Address 603 W LANDSTREET ROAD
 UNIT A
City-State-Zip: ORLANDO FL 32824

Title PRESIDENT
Name MURPHY, DAVID
Address 200 S. ORANGE AVE.
 SUITE 2100
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT ELECT
Name PERRY, TIMOTHY
Address 200 S. ORANGE AVE.
 SUITE 1450
City-State-Zip: ORLANDO FL 32801

Title VP
Name MANLEY, CHARLOTTE
Address 55 W CRYSTAL LAKE ST
 SUITE 30
City-State-Zip: ORLANDO FL 32806

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: DAVID MURPHY

PRESIDENT

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date