

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003330

**FILED**  
**Jan 11, 2019**  
**Secretary of State**  
**8131805774CC**

**Entity Name:** CHAPMAN PARTNERSHIP, INC.

**Current Principal Place of Business:**

1550 NORTH MIAMI AVENUE  
MIAMI, FL 33136

**Current Mailing Address:**

1550 N MIAMI AVE  
MIAMI, FL 33136 US

**FEI Number:** 65-0425069

**Certificate of Status Desired:** No

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

HUDSON, SYMERIA  
1550 N MIAMI AVE  
MIAMI, FL 33136 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:** SYMERIA HUDSON

01/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR EMERITUS  
Name BELL, TRISH  
Address 457 LEUCADENDRA DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title SECRETARY  
Name SLAVENS, TRACY  
Address 701 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33131

Title TREASURER  
Name JOYCE, EDWARD  
Address 700 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name FERNANDEZ-GUZMAN, CARLOS  
Address 1390 BRICKELL AVENUE  
400  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT/CEO  
Name HUDSON, SYMERIA  
Address 1550 NORTH MIAMI AVENUE  
City-State-Zip: MIAMI FL 33136

Title CHAIRMAN  
Name PRUITT, PETER  
Address 333 SE SECOND AVENUE  
3600  
City-State-Zip: MIAMI FL 33131

*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:** SYMERIA HUDSON

**PRESIDENT/CEO**

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date