

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

DOCUMENT# N99000001877

**FILED**  
**Feb 13, 2018**  
**Secretary of State**  
**CC9484181342**

**Entity Name:** SIGMA PHI EPSILON FLORIDA GAMMA CHAPTER ALUMNI BOARD, INC.

**Current Principal Place of Business:**

C/O LOUIS P. ARCHAMBAULT  
200 SOUTH BISCAYNE BOULEVARD SUITE 3600  
MIAMI, FL 33131

**Current Mailing Address:**

C/O LOUIS P. ARCHAMBAULT  
200 SOUTH BISCAYNE BOULEVARD SUITE 3600  
MIAMI, FL 33131 US

**FEI Number: 65-0922880**

**Certificate of Status Desired: No**

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

ARCHAMBAULT, LOUIS P  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 3600  
MIAMI, FL 33131 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           DIRECTOR, SECRETARY  
Name           ARCHAMBAULT, LOUIS  
Address        200 SOUTH BISCAYNE BOULEVARD  
                  SUITE 3600  
City-State-Zip: MIAMI FL 33131

Title           DIRECTOR  
Name           MERCHAN, GARY  
Address        13995 LAKE LURE CT.  
City-State-Zip: MIAMI LAKES FL 33014

Title           DIRECTOR, TREASURER  
Name           GRUNWALDT, HANS  
Address        8134 SW 102ND AVENUE  
City-State-Zip: MIAMI FL 33156

Title           DIRECTOR, VP  
Name           DIAZ, JOSE F  
Address        2 ALHAMBRA BUILDING  
                  THE ALHAMBRA PLAZA, SUITE 102  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR, PRESIDENT  
Name           TAHMOUSH, BRIAN  
Address        2824 CAMERON POND DRIVE  
City-State-Zip: CARY NC 27519

*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: /S/ LOUIS ARCHAMBAULT**

**SECRETARY**

**02/13/2018**

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

\_\_\_\_\_  
Date