

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 500718

Entity Name: EPOCH MANAGEMENT, INC.**Current Principal Place of Business:**359 CAROLINA AVE
SUITE #100
WINTER PARK, FL 32789**Current Mailing Address:**359 CAROLINA AVE
SUITE #100
WINTER PARK, FL 32789 US**FEI Number:** 59-1690429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWNING, GRANT T
GODBOLD, DOWNING & BILL
222 W COMSTOCK AVE STE 101
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN, DIRECTOR, VP
Name	PUGH, JAMES H JR
Address	359 CAROLINA AVE, SUITE #200
City-State-Zip:	WINTER PARK FL 32789

Title	P, DIRECTOR
Name	DAVIS, MCCARLEY
Address	359 CAROLINA AVE, SUITE 100
City-State-Zip:	WINTER PARK FL 32789

Title	VP, DIRECTOR
Name	SAND, JUSTIN
Address	359 CAROLINA AVE SUITE #100
City-State-Zip:	WINTER PARK FL 32789

Title	DIRECTOR
Name	JACOBY, GREG
Address	359 CAROLINA AVE SUITE #100
City-State-Zip:	WINTER PARK FL 32789

Title	SECRETARY, EVP
Name	CHIAPPA, ALLYSON
Address	359 CAROLINA AVE SUITE #100
City-State-Zip:	WINTER PARK FL 32789

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLYSON CHIAPPA

EVP

03/22/2018

Electronic Signature of Signing Officer/Director Detail_____
Date