2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N09535

1. Entity Name
FOUNDATION FOR INDEPENDENT LIVING, INC.

Principal Place of Business	Mailing Address
1383 LYONS RD COCONUT CREEK, FL 33063	1383 LYONS RD COCONUT CREEK, FL 33063 US

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01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2656932

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEDERMAN, STUART
3100 NE 47TH CT #304
FT. LAUDERDALE, FL 33308

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MISHNER, SCOTT
STREET ADDRESS	21741 CLUB VILLA T.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	PD
NAME	BEDERMAN, STUART
STREET ADDRESS	3100 NE 47TH CT. #304
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	TD
NAME	LECK, P. JEFF
STREET ADDRESS	18133 LONG WATER RUN DRIVE
CITY-ST-ZIP	TAMPA, FL 33467
TITLE	S
NAME	MASTINGER, MARIA
STREET ADDRESS	7455 SW 82ND COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000459181
03/18/06-80021-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart S. Bederman STUART S. BEDERMAN 3/1/06 954-772-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #