

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

DOCUMENT# 703471

**Entity Name:** THE LOVELAND CENTER, INC.

**Current Principal Place of Business:**

157 SO. HAVANA ROAD  
VENICE, FL 34292

**Current Mailing Address:**

157 SO. HAVANA ROAD  
VENICE, FL 34292 US

**FEI Number:** 59-1011392

**Certificate of Status Desired:** Yes

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

GUERIN , PATRICK III  
157 SO. HAVANA ROAD  
VENICE, FL 34292 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:** PATRICK GUERIN III

04/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name WOODS, JAMES  
Address 609 MADRID AVE  
City-State-Zip: VENICE FL 34285

Title VC, DIRECTOR  
Name WILLIAMS, DAVID  
Address 812 GOLF DRIVE  
City-State-Zip: VENICE FL 34285

Title TREASURER, DIRECTOR  
Name LEWANDOWSKI, ROBERT  
Address 3729 TORREY PINES BLVD.  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name BRITTON, JONATHAN  
Address 1190 E. VENICE AVE.  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name MEHSERLE, WILLIAM L JR.  
Address 4242 SO. TAMiami TRAIL  
City-State-Zip: VENICE FL 34293

Title PRESIDENT, CEO  
Name GUERIN, PATRICK III  
Address 157 SO. HAVANA ROAD  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name HOUGH, KAREN  
Address 1515 RINGLING BLVD.  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name COGSWELL, DONALD  
Address 365 INTERSTATE BLVD.  
City-State-Zip: SARASOTA FL 34240

**Continues on page 2**

*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:** PATRICK GUERIN III

PRESIDENT/CEO

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY, DIRECTOR  
Name JOHNSON, A. GARY  
Address 4360 CORSO VENETIA BLVD.  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name KELLER, ROBERT  
Address 1070 TECHNOLOGY DRIVE  
City-State-Zip: N. VENICE FL 34275

Title DIRECTOR  
Name HUEBNER, LAURIE  
Address 157 SO. HAVANA ROAD  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name LUOMA, WAYNE  
Address 953 E. DOUGLAS CT.  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name DREW, JACK  
Address 1969 ALLEN STREET  
City-State-Zip: ENGLEWOOD FL 34223