

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703471

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC4867766639**

**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

**FEI Number:** 59-1011392

**Certificate of Status Desired:** Yes

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

PENXA, CARL J JR.  
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:** CARL J. PENXA JR.

02/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CRAPET, ELIZABETH  
Address 500 US 41 BYPASS NORTH  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name RHEINGANS, MATTHEW  
Address 1314 E. VENICE AVE.  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name YOUNG, SYDNEY  
Address 133 SO. HARBOR DRIVE  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name GRAYBEAL, ANN  
Address 1151 ANNIE LAURIE LANE  
City-State-Zip: SARASOTA FL 34240

Title PRESIDENT  
Name PENXA, CARL J. JR.  
Address 157 SO. HAVANA ROAD  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name KOWALSKI, JAY  
Address 2801 EAST LAKE ROAD  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR, VC  
Name LAPINSKA, DEBBIE  
Address 1070 TECHNOLOGY DRIVE  
City-State-Zip: N. VENICE FL 34275

Title DIRECTOR, SECRETARY  
Name LASOTA, PAM  
Address 299 S. HAVANA ROAD  
City-State-Zip: VENICE FL 34292

**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:** CARL J. PENXA JR.

PRESIDENT/CEO

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SONNABEND, BETTY  
Address 680 LAKESCENE DRIVE  
City-State-Zip: VENICE FL 34293

Title DIRECTOR, TREASURER  
Name KENNEY, CATHY  
Address 1 SO. SCHOOL AVENUE  
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR  
Name LISKA, ALISON  
Address 500 BELLAIRE DRIVE  
City-State-Zip: VENICE FL 34293-3801

Title DIRECTOR, CHAIRMAN  
Name BALL, JAMES P  
Address 211 NOKOMIS AVENUE SO.  
City-State-Zip: VENICE FL 34285

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