

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744681

**Entity Name:** HABILITATION CENTER FOR THE HANDICAPPED, INC.**Current Principal Place of Business:**22313 BOCA RIO ROAD  
BOCA RATON, FL 33433**Current Mailing Address:**22313 BOCA RIO ROAD  
BOCA RATON, FL 33433**FEI Number:** 59-1859543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIROCCO, ROBERT EXECUTIVE DIRECTOR  
22313 BOCA RIO RD  
BOCA RATON, FL 33433 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:** ROBERT DIROCCO

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MILLER BUSCH, KATIE  
Address 22313 BOCA RIO ROAD  
City-State-Zip: BOCA RATON FL 33433

Title TREASURER  
Name CAMBIA, BARBARA  
Address 22313 BOCA RIO ROAD  
City-State-Zip: BOCA RATON FL 33433

Title EXECUTIVE DIRECTOR  
Name DIROCCO, ROBERT  
Address 22313 BOCA RIO RD  
City-State-Zip: BOCA RATON FL 33433

Title PRESIDENT  
Name POLLART, STEVE  
Address 22313 BOCA RIO ROAD  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name MILLAR, SEPTEMBER  
Address 22313 BOCA RIO ROAD  
City-State-Zip: BOCA RATON FL 33433

Title ACCOUNTING MANAGER  
Name REECE, MALVORY  
Address 22313 BOCA RIO ROAD  
City-State-Zip: BOCA RATON FL 33433

*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:** MALVORY REECE

ACCOUNTING MANAGER 02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date