

2023 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:** Yes**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

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
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	TREASURER
Name	SHIKIAR, MINDY SLOANE
Address	22313 BOCA RIO ROAD
City-State-Zip:	BOCA RATON FL 33433

Title	CFO
Name	OWEN, DANIEL
Address	22313 BOCA RIO ROAD
City-State-Zip:	BOCA RATON FL 33433

Title	ACCOUNTING MANAGER
Name	REECE, MALVORY
Address	8319 BERMUDA SOUND WAY
City-State-Zip:	BOYNTON BEACH FL 33436

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** 01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date