2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2016
Secretary of State
CC0171627094

DOCUMENT# 751965

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, SOUTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

Current Mailing Address:

3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

FEI Number: 59-2008883

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAY, CAROL A
3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 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: CAROL ANN MAY 01/27/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	JOSEPH, KARP
Address	2875 PGA BLVD STE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	PINEIRO, ENRIQUE
Address	13180 SW 21ST STREET
City-State-Zip:	MIAMI FL 33175

Title	DIRECTOR
Name	LEVY, JOEL
Address	108 VIZCAYA ESTATES DR.
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	OFFICER
Name	FERRERI, SAMUEL
Address	791 PARK OF COMMERCE BLVD. #400
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	SUSSMAN, WILLIAM ESQ.
Address	10165 SW 71 AVE
City-State-Zip:	PINECREST FL 33156

Title	TREASURER
Name	STARMAN, ELLIOTT
Address	3640 HERON RIDGE LANE
City-State-Zip:	WESTON FL 33331

Title	CHAIRMAN
Name	TODD, MARK PHD
Address	1841 NE 45TH STREET
City-State-Zip:	FT. LAUDERDALE FL 33308

Title	SECRETARY
Name	THOMPSON, DEBRA
Address	1800 SE PORT ST. LUCIE BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34952

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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: MARK TODD CHAIRMAN 01/27/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SADOWSKY, CARL H
Address	4631 N CONGRESS AVE. SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DIRECTOR
Name	FORGE, ELAYNE
Address	2328 10TH AVE N. #601
City-State-Zip:	LAKE WORTH FL 33461

Title	DIRECTOR
Name	REISS, BARRY
Address	1700 DEPOT AVENUE
City-State-Zip:	DELRAY BEACH FL

Title	DIRECTOR
Name	FERIAL, ANDRE
Address	6244 MILTARY TRAIL 310
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	MROZINSKI, PHILLIP D
Address	9260 SW 14TH STREET #2507
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR
Name	RADCLIFFE, RON
Address	3776 SE MIDDLE STREET
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	PUTHANVEETTIL, SATHYA PHD
Address	130 SCRIPPS WAY
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	BOTONIS, MARA
Address	3880 N HIGHWAY A1A
City-State-Zip:	N. HUTCHINGSON ISLAND FL 34949