

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751965

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS
ASSOCIATION, SOUTHEAST FLORIDA CHAPTER, INC.**FILED**
Jan 27, 2015
Secretary of State
CC2490645157**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****01/27/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name MCLENDON, JOYCE
Address 300 S. OCEAN BLVD.
#5A
City-State-Zip: PALM BEACH FL 33480**Title** D
Name SUSSMAN, WILLIAM ESQ.
Address 10165 SW 71 AVE
City-State-Zip: PINECREST FL 33156**Title** T
Name KRUMBOCK, MONIKA
Address 6212 FOX RUN CIRCLE
City-State-Zip: JUPITER FL 33458**Title** DIRECTOR
Name LEVY, JOEL
Address 108 VIZCAYA ESTATES DR.
City-State-Zip: PALM BEACH GARDENS FL 33418**Title** D
Name JOSEPH, KARP
Address 2875 PGA BLVD STE 100
City-State-Zip: PALM BEACH GARDENS FL 33410**Title** CD
Name PINEIRO, ENRIQUE
Address 13180 SW 21ST STREET
City-State-Zip: MIAMI FL 33175**Title** VC
Name STARMAN, ELLIOTT
Address 3640 HERON RIDGE LANE
City-State-Zip: WESTON FL 33331**Title** DIRECTOR
Name TODD, MARK PHD
Address 1841 NE 45TH STREET
City-State-Zip: FT. LAUDERDALE FL 33308**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: ENRIQUE PINEIRO**CHAIR****01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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 PUTHANVEETIL, SATHYA PHD
Address 130 SCRIPPS WAY
City-State-Zip: JUPITER FL 33458