

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752670

**Entity Name:** ARAPAHOE FARMS, INC.

**Current Principal Place of Business:**

8751 W. BROWARD BLVD.  
SUITE 400  
PLANTATION, FL 33324

**Current Mailing Address:**

P.O. BOX 19439  
PLANTATION, FL 33318 US

**FEI Number:** 59-2191475

**Certificate of Status Desired:** No

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

VALANCY & REED, P.A.  
310 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, TREASURER  
Name           CORNBLATT, GAIL  
Address        3330 SW 59 ST  
City-State-Zip: FORT LAUDERDALE FL 33312

Title           DIRECTOR, PRESIDENT  
Name           UNGAR, MIRIAM  
Address        5810 SW 33 TER  
City-State-Zip: FORT LAUDERDALE FL 33312

Title           DIRECTOR, VP  
Name           COPLOWITZ, BARBARA  
Address        5901 SW 33 LANE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title           DIRECTOR  
Name           KRANT, ELIZABETH  
Address        5821 SW 33 TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title           DIRECTOR  
Name           ZORMAN, GREG  
Address        5730 SW 33 TER  
City-State-Zip: FORT LAUDERDALE FL 33312

Title           DIRECTOR, SECRETARY  
Name           GLASER, MELISSA  
Address        5911 SW 33 TER  
City-State-Zip: FORT LAUDERDALE FL 33312

Title           DIRECTOR  
Name           LEGUM, JOSHUA  
Address        3350 SW 58 ST  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** UNGAR , MIRIAM

**PRESIDENT**

**02/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date