

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759824

**Entity Name:** BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.

**FILED**  
**Mar 04, 2020**  
**Secretary of State**  
**7348822593CC**

**Current Principal Place of Business:**

4737 N. OCEAN DRIVE, #155  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

4737 N. OCEAN DRIVE, #155  
FORT LAUDERDALE, FL 33308 US

**FEI Number: 59-2119401**

**Certificate of Status Desired: Yes**

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

BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FL  
4737 N. OCEAN DRIVE  
#155  
FORT LAUDERDALE, FL 33308 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: JESSICA BARBAROSH**

**03/04/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LIEBERMAN, BRETT  
Address        3955 SW 53RD COURT  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            VP  
Name            HARRISON, HAYLEY  
Address        1 SE 3 AVENUE  
                  SUITE 1400  
City-State-Zip: MIAMI FL 33130

Title            VP  
Name            SILVER, ERIC  
Address        150 W. FLAGER STREET  
                  #2200  
City-State-Zip: MIAMI FL 33130

Title            SECRETARY  
Name            SARDI, CARLOS  
Address        225 ALCAZAR AVENUE  
                  225  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            DUNN, MICHAEL  
Address        555 NE 15TH STREET  
                  SUITE 934-A  
City-State-Zip: MIAMI FL 33132

Title            DIRECTOR  
Name            NEWBURGH, STEVEN  
Address        525 OKEECHOBEE BLVD.  
                  SUITE 1700  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name            LESSNE, MICHAEL  
Address        100 S.E. THIRD AVE.  
                  SUITE 2700  
City-State-Zip: FT LAUDERDALE FL 33394

Title            DIRECTOR  
Name            ROHER, MARK S  
Address        150 S PINE ISLAND ROAD  
                  SUITE 300  
City-State-Zip: PLANTATION FL 33131

*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: BRETT LIEBERMAN**

**PRESIDENT**

**03/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date