

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

DOCUMENT# 767027

**Entity Name:** INVENTORS SOCIETY OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**5645 RICO DRIVE  
BOCA RATON, FL 33487**Current Mailing Address:**5645 RICO DRIVE  
BOCA RATON, FL 33487 US**FEI Number:** 59-2447428**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAZUR, LEO  
5645 RICO DRIVE  
BOCA RATON, FL 33487 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:** LEO MAZUR

01/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	ZAREMBA, JOANNA A
Address	9525 WELDON CIRCLE H 308
City-State-Zip:	TAMARAC FL 33321
Title	T
Name	THOMAS, EVA
Address	1021 HILLSBORO MILE 305
City-State-Zip:	HILLSBORO BEACH FL 33062
Title	DIRECTOR
Name	WIEN, ABRAHAM
Address	260 SE MIZNER BLVD 605
City-State-Zip:	BOCA RATON FL 33432
Title	DIRECTOR
Name	GAZDA, GEOFF
Address	225 SW 21ST STREET
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	P
Name	MAZUR, LEO
Address	5645 RICO DRIVE
City-State-Zip:	BOCA RATON FL 33487
Title	VP
Name	GERKEN, NANCY
Address	26 WHITEBARK LANE
City-State-Zip:	BLUFFTON SC 29909
Title	SECRETARY
Name	KLAPPER, RANDY
Address	1278 NW 171ST TERRACE
City-State-Zip:	PEMBROKE PINES FL 33028
Title	DIRECTOR
Name	DASCOLI, MARYLOU
Address	1938 SW 24 TERRACE
City-State-Zip:	MIAMI FL 33145

**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:** LEO MAZUR**PRESIDENT**

01/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	RESTREPO, ROBERTO
Address	2648 RIVERSIDE DR
City-State-Zip:	CORAL SPRINGS FL 33065