## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00671

Entity Name: NAMI TREASURE COAST FL, INC

**Current Principal Place of Business:** 

101 SE CENTRAL PKWY.

STUART, FL 34994

**Current Mailing Address:** 

101 SE CENTRAL PARKWAY STUART, FL 34994 US

FEI Number: 59-2444160 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, KATHLEEN MURPHY 19 BANYAN ROAD STUART, FL 34996 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: JANICE GRELLER 02/17/2025

Electronic Signature of Registered Agent

Date

**FILED** Feb 17, 2025

**Secretary of State** 

4688995112CC

Officer/Director Detail:

**EXECUTIVE DIRECTOR** Title Title VΡ

SMITH, KATHLEEN Name BROMBERG, MEL Name

19 BANYAN ROAD Address 245 NW BENTLEY CIRCLE Address

City-State-Zip: PORT ST. LUCIE FL 34986 STUART FL 34996 City-State-Zip:

Title **PRESIDENT** Title **TREASURER** Name IOSCO, RYAN Name HOCKEY, JOHN

2600 S KANNER HWY Address 4734 SW BRIARWOOD CT. Address

APT X12 STUART FL 34997 City-State-Zip: STUART FL 34994

Title **SECRETARY** 

City-State-Zip:

Name CAIMI, KAREN SANDI

Address 1763 SW WATERFALL BLVD

PALM CITY FL 34990 City-State-Zip:

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.

02/17/2025 SIGNATURE: KATHLEEN SMITH EXECUTIVE DIRECTOR