

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007176

Entity Name: COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA, INC.**FILED**
Feb 27, 2015
Secretary of State
CC4632048407**Current Principal Place of Business:**1040 BAYVIEW DRIVE
SUITE 605
FORT LAUDERDALE, FL 33304**Current Mailing Address:**1040 BAYVIEW DRIVE
SUITE 605
FORT LAUDERDALE, FL 33304 US**FEI Number: 65-1154241****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BERZNER, STEVEN ESQ
1040 BAYVIEW DR.
#605
FORT LAUDERDALE, FL 33304 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
Name	BASS, IRIS M ESQ.
Address	8181 W. BROWARD BLVD #201
City-State-Zip:	PLANTATION FL 33324

Title	VP, DIRECTOR
Name	NANCY, BRODZKI ESQ.
Address	2855 UNIVERSITY DR SUITE 520
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	SHERMAN, KIM D ESQ.
Address	1000 CORPORATE DR SUITE 310
City-State-Zip:	FORT LAUDERDALE FL 33334

Title	TREASURER
Name	RODRIGUEZ, BERNADENE A ESQ.
Address	111 N PINE ISLAND RD SUITE 105
City-State-Zip:	PLANTATION FL 33324

Title	PRESIDENT, DIRECTOR
Name	BERZNER, STEVEN ESQ.
Address	1040 BAYVIEW DR., STE. 605
City-State-Zip:	FT. LAUDERDALE FL 33304

Title	S/D
Name	ANN-MARIE, GIUSTIBELLI ESQ.
Address	8551 W SUNRISE BLVD. # 301
City-State-Zip:	PLANTATION FL 33322

Title	DIRECTOR
Name	HELLER, RANDY PHD
Address	3325 S. UNIVERSITY DR SUITE 102
City-State-Zip:	DAVIE FL 33328

Title	DIRECTOR
Name	CORRAL, LUANA M
Address	2699 STIRLING RD SUITE A200
City-State-Zip:	FORT LAUDERDALE FL 33312

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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: STEVEN BERZNER**PRESIDENT****02/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BYLES, DEBORAH A
Address 413 S.E. 18 STREET
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR
Name SHERMAN, KIM D.
Address 1000 CORPORATE DRIVE
310
City-State-Zip: FORT LAUDERDALE FL 33334

Title DIRECTOR
Name WASHOR, ANDREW
Address 208 S.E. 6TH STREET
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name PELOSI, NANCY
Address 4179 S.W. 64 AVENUE
STE. 100
City-State-Zip: DAVIE FL 33314

Title DIRECTOR
Name DOTSON, RICHARD
Address 2436 N. FEDERAL HIGHWAY
321
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name HOHNECKER, LAURA
Address 12 S.E. 7TH STREET
704
City-State-Zip: FORT LAUDERDALE FL 33301