

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007176

Entity Name: COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA, INC.**FILED**
Mar 22, 2018
Secretary of State
CC5823595028**Current Principal Place of Business:**100023 BELLE RIVE BLVD
NO. 703
JACKSONVILLE, FL 32256**Current Mailing Address:**10023 BELLE RIVE BLVD
NO. 703
JACKSONVILLE, FL 32256 US**FEI Number: 65-1154241****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRODZKI, NANCY K. ESQ.
2855 UNIVERSITY DRIVE
SUITE 520
CORAL SPRINGS, FL 33065 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: NANCY K. BRODZKI, ESQ.****03/22/2018**

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

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

Title DIRECTOR
Name GIUSTIBELLI, ANNE-MARIE ESQ.
Address 8551 W SUNRISE BLVD. # 301
City-State-Zip: PLANTATION FL 33322

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

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

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

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

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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: CHRISTINA W. BLACK**ADMINISTRATOR****03/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name BLUMENTHAL, STEVEN E. ESQ.
Address 1930 HARRISON STREET
STE. 205
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR
Name SACHS, EDWARD S. CPA
Address 999 PONCE DE LEON BLVD.
STE. 625
City-State-Zip: CORAL GABLES FL 33134

Title ADMINISTRATOR
Name BLACK, CHRISTINA W
Address 10023 BELLE RIVE BLVD
NO. 703
City-State-Zip: JACKSONVILLE FL 32256

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

Title SECRETARY
Name FABRIKANT, CRAIG S. PHD
Address 2855 N. UNIVERSITY DRIVE
STE. 500
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name HARPER, ARI
Address 5461 N. UNIVERSITY DRIVE
SUITE 104
City-State-Zip: CORAL SPRINGS FL 33067