

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000301

**Entity Name:** SOUTH FLORIDA WRITERS ASSOCIATION, INC.

**FILED**  
**Feb 28, 2019**  
**Secretary of State**  
**4448688208CC**

**Current Principal Place of Business:**

9310 S.W. 71ST AVENUE  
MIAMI, FL 33156

**Current Mailing Address:**

P.O. BOX 56-2652  
MIAMI, FL 33256-2652

**FEI Number: 30-0222228**

**Certificate of Status Desired: Yes**

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

AIRAN, DAMODAR S  
9310 S.W. 71ST AVENUE  
MIAMI, FL 33156 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           TREASURER, DIRECTOR  
Name           BENSON, EVELYN  
Address        P. O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256

Title           PRESIDENT  
Name           MELASI-HAAG, BEVERLY  
Address        P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title           VP  
Name           DORN, JEFFREY  
Address        P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title           SECRETARY  
Name           VARGAS-HERRERA, ROCIO  
Address        P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title           DIRECTOR  
Name           DORN, RICKI  
Address        P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title           DIRECTOR  
Name           CHEW, NORMA  
Address        P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title           DIRECTOR  
Name           WHITE, HOLLY  
Address        P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title           DIRECTOR  
Name           ROSE, JONATHAN  
Address        P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

**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: EVELYN BENSON**

**TREASURER**

**02/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BENDANA, TERESA  
Address P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR  
Name PEDROZO-WALLING, MARGARITA  
Address P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR  
Name LIEBOWITZ, STEVE  
Address P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title SECRETARY  
Name GOODMAN-MILONE, CONNIE  
Address P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR  
Name DORN, JEFFREY  
Address P.O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR  
Name MADISON, ANIKA  
Address PO. O. BOX 56-2652  
City-State-Zip: MIAMI FL 33256