

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04403

FILED
Jan 23, 2018
Secretary of State
CC8758300998**Entity Name:** THE FRIENDS OF THE HEPBURN CENTER INCORPORATED**Current Principal Place of Business:**1000 NW 8TH AVE
OB JOHNSON PARK HEPBURN CENTER
HALLANDALE BEACH, FL 33009**Current Mailing Address:**1000 NW 8TH AVE
OB JOHNSON PARK HEPBURN CENTER
HALLANDALE BEACH, FL 33009 US**FEI Number:** 59-2710007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOVENVIRTH, ARMIN
6380 KINGS GATE CIRCLE
DELRAY BEACH, FL 33484 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:** ARMIN LOVENVIRTH

01/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CD
Name	LOVENVIRTH, ARMIN
Address	6380 KINGS GATE CIRCLE
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	PENTECOST, JACQUELINE
Address	2001 ATLANTIC SHORES BLVD
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	TREASURER
Name	RUSSELL, KIMBERLY
Address	134 S DIXIE HIGHWAY STE 207
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	M
Name	ADELSON, ANTHONY
Address	501 GOLDEN ISLES DRIVE #203
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	M
Name	LORBER, JONATHON
Address	C/O KEYES RE 2822 NE 187 ST
City-State-Zip:	AVENTURA FL 33180

Title	M
Name	SANTIAGO, MARILYN
Address	C/O HALLANDALE BEACH HIGH SCHOOL 720 NW 9TH AVE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	M
Name	MANDEL, SUSAN
Address	HALLANDALE CREATIVE PRINTING 306 W HALLANDALE BEACH BLVD
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	M
Name	SONENBLUM, HARRY
Address	REIMER INSURANCE AGENCY 217 E HALLANDALE BEACH BLVD
City-State-Zip:	HALLANDALE BEACH FL 33009

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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: ARMIN LOVENVIRTH

CD

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ACCOUNTANT
Name	HEYER, DEBRA A
Address	HEYER TAX & ASSOCIATES INC 8569 PINES BLVD STE 216
City-State-Zip:	PEMBROKE PINES FL 33024