

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

DOCUMENT# N04403

**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

03/18/2019

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 VC  
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 1000 NW 8TH 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 CASCDORNONO, ALEJANDRO  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE BEACH FL 33009

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

**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:** ARMIN LOVENVIRTH

CHAIRMAN

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name AZZOLINI, ADRIANA  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY  
Name SANDERS-MAYWEATHER, BEVERLY  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MEMBER  
Name SCHATTIE, TOM  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE BEACH FL 33009