

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007537

**Entity Name:** FAMILIES FOR FRAGILE X, INC.**Current Principal Place of Business:**ATTN: PAUL KAPLAN (KW PROPERTY)  
8200 NW 33RD STREET, SUITE 300  
MIAMI, FL 33122**Current Mailing Address:**ATTN: PAUL KAPLAN (KW PROPERTY)  
8200 NW 33RD STREET, SUITE 300  
MIAMI, FL 33122**FEI Number:** 26-0654462**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAPLAN, MICHELE M  
8200 NW 33RD STREET  
SUITE 300  
MIAMI, FL 33122 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	DP
Name	KAPLAN, MICHELE M
Address	8200 NW 33RD STREET, SUITE 300
City-State-Zip:	MIAMI FL 33122

Title	D
Name	GRIMMEL, MARC
Address	714 NW 38 AVENUE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DT
Name	KAPLAN, PAUL S
Address	8200 NW 33RD STREET, SUITE 300
City-State-Zip:	MIAMI FL 33122

Title	DVP
Name	CHARTOUNI-DE LA SERN, VANESSA
Address	299 HARBOR DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DS
Name	CHARTOUNI-CALLE, CHRISTINA
Address	340 HARBOR DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D
Name	ROLLNICK, ARI
Address	6545 SW 100 STREET
City-State-Zip:	MIAMI FL 33156

*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 CHARTOUNI-CALLE**SECRETARY****01/07/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date