

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000474

**FILED**  
**Mar 09, 2017**  
**Secretary of State**  
**CC3270308469**

**Entity Name:** IMAGINA CHILDREN'S FOUNDATION, INC

**Current Principal Place of Business:**

4905 REGENCY CIR  
BOCA RATON, FL 33434

**Current Mailing Address:**

4905 REGENCY CIR  
BOCA RATON, FL 33434

**FEI Number: 80-0185403**

**Certificate of Status Desired: No**

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

CAMARENA, LOURDES  
4905 REGENCY CIR  
BOCA RATON, FL 33434 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            PRESIDENT  
Name            CAMARENA, LOURDES  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

Title            VP  
Name            SIERRA- DE VARONA, ALEXANDRA M  
Address        1341 SW 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title            D  
Name            O'DEA, TESSIE  
Address        1529 SE 12TH CT  
City-State-Zip: DEERFIELD BEACH FL 33441

Title            TREASURER  
Name            PEDEMONTE, SILVIA  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

Title            SECRETARY  
Name            SILVEIRA, CHRISTINE  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            CRUZAN, PATSY  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            VERGARA, MARIA  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

*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: ALEXANDRA SIERRA-DE VARONA**

**VICE PRESIDENT**

**03/09/2017**

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

\_\_\_\_\_  
Date