### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003303

Entity Name: DISABLED VETERAN ATHLETES OF AMERICA, INC.

**FILED** May 01, 2014 **Secretary of State** CC4554397166

## **Current Principal Place of Business:**

4801 LINTON BOULEVARD SUITE 483

DELRAY BEACH, FL 33445

# **Current Mailing Address:**

4801 LINTON BOULEVARD **SUITE 483** DELRAY BEACH, FL 33445

FEI Number: 46-2580307 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

**BLOCHER** L, AWRENCE 5420 LAUREL OAK STREET 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:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title Title VΡ

BLOCHER, LAWRENCE BUCHHOLZ, HARVEY A Name Name

18990 WEST DIXIE HIGHWAY Address 5420 LAUREL OAK STREET Address

City-State-Zip: NORTH MIAMI BEACH FL 33180 City-State-Zip: DELRAY BEACH FL 33484

Title **TREA** Title SEC

Name BUCHHOLZ, S Name SAVAGE, TAMARA

Address 18990 WEST DIXIE HIGHWAY Address 5420 LAUREL OAK STREET City-State-Zip: NORTH MIAM BEACH FL 33180 City-State-Zip: DELRAY BEACH FL 33484

Title DIR

Name LERMAN, MARC Address **5927 HAYES STREET** 

City-State-Zip: HOLLYWOOD FL 33021

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: BUCHHOLZ,S **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

05/01/2014 Date