

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000483

Entity Name: FRIENDS OF LONG KEY, INC.**Current Principal Place of Business:**3501 SW 130TH AVENUE
DAVIE, FL 33330**Current Mailing Address:**3501 SW 130TH AVENUE
DAVIE, FL 33330 US**FEI Number:** 46-4580809**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAEFLINGER, JOHN T
3353 W STONEBROOK CIRCLE
DAVIE, FL 33330 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:** JOHN T. HAEFLINGER

01/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HAEFLINGER, JOHN T
Address 3353 W STONEBROOK CIRCLE
City-State-Zip: DAVIE FL 33330

Title DIRECTOR
Name HAEFLINGER, ANN M
Address 3353 W STONEBROOK CIRCLE
City-State-Zip: DAVIE FL 33330

Title DIR
Name HINELINE, EDWARD J JR.
Address 590 NW 161 AVENUE
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name CULLINANE, ELIZABETH
Address 3102 SW 147 AVENUE
City-State-Zip: DAVIE FL 33330

Title VP
Name PATRICIA, GERSACK
Address 900 SW 174 TERRACE
City-State-Zip: PEMBROKE PINES FL 33029

Title TREA
Name KRAGH, PAUL
Address 10488 SW 49 PLACE
City-State-Zip: COOPER CITY FL 33328

Title DIR
Name GUIDRY, DIANA
Address 10391 SW 49 PLACE
City-State-Zip: COOPER CITY FL 33328

Title DIRECTOR
Name CHAMBERS, CYNTHIA
Address 1450 SW 170TH AVENUE
City-State-Zip: PLANTATION FL 33317

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: ANN M HAEFLINGER**DIRECTOR**

01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	LINGWOOD, ASHLEY
Address	12350 NW 29TH STREET
City-State-Zip:	SUNRISE FL 33323