

2024 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, ANN M
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:** ANN M HAEFLINGER

02/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name CIFFONE, LAURA
Address 321 NW 107TH AVENUE
City-State-Zip: PLANTATION FL 33324

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

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

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**SECRETARY**

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date