

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003662

Entity Name: FRIENDS OF OUR FLORIDA REEFS, INC.**Current Principal Place of Business:**180 GULF STREAM WAY
DANIA BEACH, FL 33004**Current Mailing Address:**180 GULF STREAM WAY
DANIA BEACH, FL 33004 US**FEI Number:** 47-3822204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHECKMAN, SCOTT
527 NE 16TH ST
FORT LAUDERDALE, FL 33304 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 DIRECTOR, TREASURER,
SECRETARY
Name SHECKMAN, SCOTT
Address 527 NE 16TH STREET
City-State-Zip: FORT LAUDERDALE FL 33304

Title DIRECTOR
Name GRACHOW, LEO
Address 200 LESLIE DRIVE
UNIT 818
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name CUTT, PENNY
Address 291 SE 9 COURT
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name VANCE, DAVID
Address 3209 NE 36 ST.
UNIT 6
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR
Name SENEAL, KEVIN
Address 180 GULF STREAM WAY
City-State-Zip: DANIA BEACH FL 33004

Title DIRECTOR
Name BARRY, BARET
Address 8623 159TH COURT NORTH
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR, PRESIDENT
Name MELISSA, SATHE
Address 10733 LISBON STREET
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR
Name DOTSON, KIRK
Address 701 N. FT. LAUDERDALE BEACH BLVD
UNIT 905
City-State-Zip: FORT LAUDERDALE FL 33304

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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: SCOTT SHECKMAN**DIRECTOR****04/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLORES, MARILU
Address 529 FORESTERIA DRIVE
City-State-Zip: LAKE PARK FL 33403

Title DIRECTOR
Name WAKS, CAITI
Address 2931 SW 30 COURT
 UNIT 1
City-State-Zip: MIAMI FL 33133