

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007720

**Entity Name:** FIND YOUR FABULOSITY, INC.**Current Principal Place of Business:**302 SMOKERISE BLVD.  
LONGWOOD, FL 32779**Current Mailing Address:**302 SMOKERISE BLVD.  
LONGWOOD, FL 32779 US**FEI Number:** 81-3388284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KURLAND, SHERYL  
302 SMOKERISE BLVD.  
LONGWOOD, FL 32779 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	D
Name	BLATTNER, JODY
Address	508 WOODVIEW DR
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	GLICKSTEIN, EMILY
Address	994 STONEWOOD LANE
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	KURLAND, SHELBY
Address	302 SMOKERISE BLVD.
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	SMITH, KIM
Address	425 SUMMIT RIDGE PLACE-#101
City-State-Zip:	LONGWOOD FL 32779

Title	P
Name	KURLAND, SHERYL
Address	302 SMOKERISE BLVD.
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	STAFFORD, MARLA ROYNE
Address	5394 EAST MAXIMA DR
City-State-Zip:	MEMPHIS TN 38120

Title	D
Name	HALPERIN, ALANA
Address	3323 SUNSETVIEW COURT
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	SCHAFFER, DARRAH
Address	809 HAMPTON COURT
City-State-Zip:	WESTON FL 33326

*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:** SHERYL KURLAND

P

01/22/2023

Electronic Signature of Signing Officer/Director Detail

Date