

**2021 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           | D                   |
| Name            | HALLMAN, DREW       |
| Address         | 10740 N.W. 5TH ST   |
| City-State-Zip: | PLANTATION FL 33324 |

|                 |                     |
|-----------------|---------------------|
| 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      |

*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 P KURLAND**PRESIDENT****01/24/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date