

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

DOCUMENT# N18000010989

**Entity Name:** APHASIA COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

2185 WOOD STREET  
SUITE 5  
SARASOTA, FL 34237

**Current Mailing Address:**

P.O. BOX 693  
SARASOTA, FL 34230 US

**FEI Number:** 83-2356579

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POLELLE, DONNA  
1102 BEN FRANKLIN DR UNIT 511  
SARASOTA, FL 34236 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:** DONNA POLELLE

03/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name POLELLE, DONNA  
Address 1102 BEN FRANKLIN DR UNIT 511  
City-State-Zip: SARASOTA FL 34236

Title TD  
Name BOYLE, ERIKA  
Address 5899 OLD SUMMERWOOD BLVD  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name REESE, REBECCA  
Address 7805 SOUTH LEEWYNN DRIVE  
City-State-Zip: SARASOTA FL 34240

Title SECRETARY, DIRECTOR  
Name LOMAZOV, STEPHANIE  
Address 5020 CLARK ROAD  
APT 205  
City-State-Zip: SARASOTA FL 34233

*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:** DONNA POLELLE

PRESIDENT, DIRECTOR

03/03/2023

Electronic Signature of Signing Officer/Director Detail

Date