

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000004668

**Entity Name:** PEER SUPPORT SPACE, INC.

**Current Principal Place of Business:**

8515 PLUMERIA AVE  
ORLANDO, FL 32825

**Current Mailing Address:**

PO BOX 677302  
ORLANDO, FL 32867 US

**FEI Number: 84-2070075**

**Certificate of Status Desired: No**

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

FLASTERSTEIN, YASMIN  
8515 PLUMERIA AVE  
ORLANDO, FL 32825 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 VP  
Name MCCARY, JEFFREY  
Address 8469 NARCOOSSEE ROAD  
APT. 12204  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR  
Name CAVALLERI, DAVID  
Address PO BOX 677302  
City-State-Zip: ORLANDO FL 32867

Title EXECUTIVE DIRECTOR  
Name FLASTERSTEIN, YASMIN  
Address 8515 PLUMERIA AVENUE  
City-State-Zip: ORLANDO FL 32825

Title PRESIDENT  
Name SOTO, LUISAIRIS  
Address P.O. BOX 677302  
City-State-Zip: ORLANDO FL 32867

Title TREASURER  
Name SHORT, WILLIAM  
Address P.O. BOX 677302  
City-State-Zip: ORLANDO FL 32867

Title SECRETARY  
Name MURPHY, KIM  
Address 8222 SANDPOINT BOULEVARD  
City-State-Zip: ORLANDO FL 32829

*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: YASMIN FLASTERSTEIN**

**EXECUTIVE DIRECTOR**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date