

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

DOCUMENT# N19000009944

**Entity Name:** PALS OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**999 11TH STREET  
MIAMI BEACH, FL 33139**Current Mailing Address:**16901 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162**FEI Number: 83-2390173****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROBERTS, LYND  
16901 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 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	PRES
Name	MARTINEAU, ARTHUR
Address	16901 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	SEC
Name	BUISSERETH, NATALIE
Address	16901 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIR
Name	ALBURY, TIM
Address	16901 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	1ST VP
Name	ROBERTS, LYND
Address	16901 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TREA
Name	HAM, AMY
Address	16901 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	2ND VP
Name	CARRILLO, JONATHAN
Address	16901 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

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: LYND****1ST VICE PRESIDENT****02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date