

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28026

**FILED**  
**Apr 20, 2019**  
**Secretary of State**  
**7681036656CC**

**Entity Name:** AUTISM SOCIETY OF FLORIDA, INC.

**Current Principal Place of Business:**

114 N. SUMMERLIN AVE  
SANFORD, FL 32771

**Current Mailing Address:**

PO BOX 677055  
ORLANDO, FL 32867 US

**FEI Number:** 59-2910367

**Certificate of Status Desired:** No

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

GUARINO, MICHAEL  
7268 CRYSTAL SPRING RUN  
WEEKI WACHEE, FL 34607 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            PRESIDENT, DIRECTOR  
Name            HOAGLUND, STACEY  
Address        5505 SW 119 AVENUE  
City-State-Zip: COOPER CITY FL 33330

Title            TREASURER, DIRECTOR  
Name            DEMARIA, ROBERT  
Address        9296 BELLE COURT  
                  UNIT 102  
City-State-Zip: NAPLES FL 34114

Title            DIRECTOR  
Name            REYNOLDS, ANN  
Address        309 PARK LANE DRIVE  
City-State-Zip: VENICE FL 34285

Title            VP, DIRECTOR  
Name            BUSCH, KELLY  
Address        1284 WATERVIEW CT  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            HILL, JILL  
Address        7841 TROY HILLS LANE  
City-State-Zip: JACKSONVILLE FL 32256

Title            DIRECTOR  
Name            MILLER , JOHN  
Address        5298 PARK PLACE  
City-State-Zip: BOCA RATON FL 33486

Title            SECRETARY, DIRECTOR  
Name            VERGO, EVANGELINE  
Address        10345 PARK COMMONS DR  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            BOSLEY, ARDEN  
Address        404 W. AMELIA AVE  
                  APT B  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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:** STACEY HOAGLUND

**PRESIDENT**

**04/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ANSARA, ASHELY  
Address 106 BOSTON AV  
SUITE 208  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name DURHAM, KARA  
Address 440 92 ST OCEAN  
City-State-Zip: MARATHON FL 33050

Title DIRECTOR  
Name HEDELUND, MARGARET  
Address 4300 NE 16 AVENUE  
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR  
Name KAPLAN, RON  
Address 616 LAKE SHORE DRIVE  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name ARROYO, JAEL  
Address 47 PECAN LOOP  
City-State-Zip: OCALA FL 34472

Title DIRECTOR  
Name BLEDSOE, LYNETTE  
Address 2161 S HIGHWAY 97  
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR  
Name CRIST, PATRICIA  
Address 7432 SOUTHWIND DR  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name LAWLESS, WILLIAM  
Address 2323 SW 35TH PLACE  
APT 6C  
City-State-Zip: GAINESVILLE FL 32608