

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003980

**Entity Name:** ALLIANCE FOR AGING FOUNDATION, INC.

**Current Principal Place of Business:**

760 NW 107TH AVENUE  
SUITE 214  
MIAMI, FL 33172

**Current Mailing Address:**

760 NW 107TH AVENUE  
SUITE 214  
MIAMI, FL 33172

**FEI Number:** 65-0497535

**Certificate of Status Desired:** Yes

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

ROTHMAN, MAX B  
760 NW 107TH AVENUE  
SUITE 214  
MIAMI, FL 33172 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 SECRETARY  
Name CODALLO, JEFFREY A  
Address 8824 SW 176 TERRACE  
City-State-Zip: PALMETTO BAY FL 33157

Title CHAIRMAN  
Name MANNING, SHERYL J  
Address 2127 BRICKELL AVE  
City-State-Zip: MIAMI FL 33129

Title PCEO  
Name ROTHMAN, MAX B  
Address 760 NW 107TH AVENUE, SUITE 214  
City-State-Zip: MIAMI FL 33172

Title TREASURER  
Name PALOMBO, ALBERT  
Address 13550 SW 120 STREET  
SUITE 502  
City-State-Zip: MIAMI FL 33186

Title VICE CHAIR  
Name MORALES, ARMANDO  
Address 6541 SW 163RD CT  
City-State-Zip: MIAMI FL 33193-4426

*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:** MAX B ROTHMAN

**PRESIDENT**

**01/31/2022**

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

\_\_\_\_\_  
Date