

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002150

Entity Name: SGI SUPPORTIVE HOUSING, INC.

Current Principal Place of Business:

5555 BISCAYNE BLVD.
MIAMI, FL 33137

FILED
Jan 09, 2014
Secretary of State
CC4665618112

Current Mailing Address:

5555 BISCAYNE BLVD.
MIAMI, FL 33137 US

FEI Number: 65-0492054

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINTER, MAUREEN
5555 BISCAYNE BLVD.
MIAMI, FL 33137 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 S, DIRECTOR
Name SLACHTER, DAVID
Address 3980 HYDE PARK CIRCLE
City-State-Zip: HOLLYWOOD FL 33021

Title T, DIRECTOR
Name SALAZAR-REALINI, HELEN
Address 7621 S.W. 53RD AVE.
City-State-Zip: MIAMI FL 33143

Title V, DIRECTOR
Name KIRSH, WILLIAM DR.
Address 2535 REGATTA AVE.
City-State-Zip: MIAMI BEACH FL 33140

Title P, DIRECTOR
Name REED, BEN
Address 1800 S.W. 84TH AVE.
City-State-Zip: MIAMI FL 33155

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: BEN REED

P

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date