

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002150

**Entity Name:** SGI SUPPORTIVE HOUSING, INC.

**Current Principal Place of Business:**

8725 S.W. 152ND STREE  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

935 SE 14TH STREET  
HIALEAH, FL 33010 US

**FEI Number:** 65-0492054

**Certificate of Status Desired:** No

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

MARTORELLA, LILIANA E  
935 S E 14TH STREET  
HIALEAH, FL 33010 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:** LILIANA E. MARTORELLA

01/20/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / DIRECTOR  
Name            SLACHTER, DAVID  
Address        3980 HYDE PARK CIRCLE  
City-State-Zip: HOLLYWOOD FL 33021

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

Title            TREASURER / DIRECTOR  
Name            KIRSH, WILLIAM DR.  
Address        12000 BISCAYNE BLVD.  
                 SUITE 211  
City-State-Zip: MIAMI FL 33181

Title            SECRETARY / 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:** DAVID SLACHTER

PRESIDENT / DIRECTOR

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date