

2017 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

01/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN OF THE BOARD /
PRESIDENT / DIRECTOR
Name REED, BERNARD E
Address 1800 S.W. 84 AVENUE
City-State-Zip: MIAMI FL 33155

Title VICE-CHAIR / VICE-PRESIDENT /
DIRECTOR
Name GOTSCHALL, ANDREW R
Address 3339 VIRGINIA STREET
City-State-Zip: MIAMI FL 33133

Title SECRETARY / DIRECTOR
Name NEER, MICHAEL F
Address 13865 S.W. 74TH AVENUE
City-State-Zip: MIAMI FL 33158

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

Title DIRECTOR
Name SALAZAR-REALINI, HELEN
Address 6100 S.W. 84 AVENUE
City-State-Zip: MIAMI FL 33143

Title OFFICER
Name MARTORELLA, LILIANA E
Address 935 S.E. 14TH STREET
City-State-Zip: HIALEAH FL 33010

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: LILIANA E MARTORELLA**OFFICE**

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date