

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002150

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

**Current Principal Place of Business:**

935 SE 14TH STREET  
HIALEAH, FL 33010

**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  
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 MARTORELLA

01/14/2015

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

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

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

**PRESIDENT**

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date