

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003296

Entity Name: THE MATHEW FORBES ROMER FOUNDATION, INC.**Current Principal Place of Business:**9548 BARLETTA WINDS POINT
DELRAY BEACH, FL 33446**Current Mailing Address:**PMB#191
9858 GLADES RD
BOCA RATON, FL 33434**FEI Number:** 65-0849159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMER, KEVIN
9548 BARLETTA WINDS POINT
DELRAY BEACH, FL 33446 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	PD
Name	ROMER, KEVIN
Address	9548 BARLETTA WINDS POINT
City-State-Zip:	DELRAY BEACH FL 33446

Title	STD
Name	ROMER, LISAJANE
Address	9548 BARLETTA WINDS POINT
City-State-Zip:	DELRAY BEACH FL 33446

Title	D
Name	MEYERS, CARL
Address	5901 CAMINO DEL SOL - 401
City-State-Zip:	BOCA RATON FL 33433

Title	D
Name	ROMER, CAROLE
Address	19731 N.E. 24TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33180

Title	D
Name	YORKE, EDWARD
Address	35 EDGEWOOD DRIVE
City-State-Zip:	GREENWICH CT 06831

Title	D
Name	MELES, PABLO
Address	2664 MEADOWOOD COURT
City-State-Zip:	WESTON FL 33332

Title	DIRECTOR
Name	MERAN, LINDA
Address	6621 NW 24TH AVE.
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	DEOUL, JOAN
Address	208 VIA QUANTERA COURT
City-State-Zip:	PALM BEACH GARDENS FL 33418

Continues on page 2

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: KEVIN ROMER**PRESIDENT****03/31/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SPIRO, ALLAN
Address	10228 NW 62 COURT
City-State-Zip:	PARKLAND FL 33076