

**2016 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 D. ROMER**PRESIDENT****04/18/2016**\_\_\_\_\_  
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