

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

DOCUMENT# N98000004706

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC4628314604**

**Entity Name:** AMERICAN ASSOCIATION OF CAREGIVING YOUTH, INC.

**Current Principal Place of Business:**

1515 N. FEDERAL HWY  
#218  
BOCA RATON, FL 33432

**Current Mailing Address:**

1515 N. FEDERAL HWY  
#218  
BOCA RATON, FL 33432 US

**FEI Number:** 65-0866677

**Certificate of Status Desired:** No

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

SISKOWSKI, CONNIE  
2021 NW 53 RD ST  
BOCA RATON, FL 33496 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 P  
Name SISKOWSKI, CONNIE PHD  
Address 2021 NW 53RD ST  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name TIFT, TOM PHD  
Address 249 NW 10TH CT  
City-State-Zip: BOCA RATON FL 33486

Title CHAIRMAN  
Name KRAUS, JOE  
Address 20784 SONETO DR  
City-State-Zip: BOCA RATON FL 33433

Title T  
Name GOULD, LAURALEIGH  
Address 300 PALOMA AVE  
City-State-Zip: BOCA RATON FL 33486

Title VC  
Name DAVIDOWITZ, DAN  
Address 8535 BREEZY OAK WAY  
City-State-Zip: BOYNTON BEACH FL 33473

Title SECRETARY  
Name BENTZ, ABBI  
Address 6901 N GRANDE DR  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name EAGLE, GAIL  
Address 6622 NW 25TH WAY  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name GART, MARISSA  
Address 185 NE 4TH AVE  
#214  
City-State-Zip: DELRAY BEACH FL 33483

**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:** CONNIE SISKOWSKI

**PRESIDENT**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MILLER, MIKE  
Address 950 N UNIVERSITY DR  
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR  
Name PARRADO, ISABEL  
Address 723 BLUEBERRY DR  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name WALTERS, SCOTT  
Address 19261 BAY LEAF COURT  
City-State-Zip: BOCA RATON FL 33498