

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021918

**Entity Name:** FEDERATION CCRC DEVELOPMENT, LLC

**Current Principal Place of Business:**

9901 DONNA KLEIN BLVD.  
BOCA RATON, FL 33428-8788

**Current Mailing Address:**

9901 DONNA KLEIN BLVD.  
BOCA RATON, FL 33428-8788

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FINCH, WESLEY  
2625 CARLTON PLACE  
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

**Authorized Person(s) Detail :**

Title SECRETARY & MANAGER  
Name GOLDBERG, ARTHUR  
Address 16360 MADDALENA PL  
City-State-Zip: DELRAY BEACH FL 33446

Title T & MANAGER  
Name LOWELL, MEL  
Address 9901 DONNA KLEIN BLVD.  
City-State-Zip: BOCA RATON FL 33428-8788

Title CHAIRPERSON  
Name FINCH, WES  
Address 9901 DONNA KLEIN BLVD.  
City-State-Zip: BOCA RATON FL 33428-8788

Title VICE-CHAIR  
Name LEVIN, MATT  
Address 9901 DONNA KLEIN BLVD.  
City-State-Zip: BOCA RATON FL 33428-8788

Title MANAGER  
Name GALPERN, DAVID  
Address 9901 DONNA KLEIN BLVD  
City-State-Zip: BOCA RATON FL 33428-8788

Title MANAGER  
Name RUBIN KWAL, GAIL  
Address 9901 DONNA KLEIN BLVD.  
City-State-Zip: BOCA RATON FL 33428-8788

Title MANAGER  
Name DERN, KAREN  
Address 9901 DONNA KLEIN BLVD.  
City-State-Zip: BOCA RATON FL 33428-8788

Title PRESIDENT  
Name ROSE, JILL  
Address 9901 DONNA KLEIN BLVD.  
City-State-Zip: BOCA RATON FL 33428-8788

**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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MEL LOWELL

**T & MANAGER**

**03/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER

Name           POLIKOFF, TODD

Address        9901 DONNA KLEIN BLVD

City-State-Zip: BOCA RATON FL 33428