

**2023 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           MANAGER  
Name           GOLDBERG, ARTHUR  
Address        16360 MADDALENA PL  
City-State-Zip: DELRAY BEACH FL 33446

Title           S  
Name           PODOLSKY, BARRY  
Address        9901 DONNA KLEIN BLVD.  
City-State-Zip: BOCA RATON FL 33428-8788

Title           T  
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

**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

**TREASURER**

**03/15/2023**

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

\_\_\_\_\_ Date

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

Title            PRESIDENT

Name            ROSE, JILL

Address        9901 DONNA KLEIN BLVD.

City-State-Zip: BOCA RATON FL 33428-8788