2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 723113

1. Entity Name
LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.

Principal Place of Business
331 E. HENRY STREET
PUNTA GORDA, FL 33950

Mailing Address
331 E. HENRY STREET
PUNTA GORDA, FL 33950

01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7190632
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRON, CHERYL
331 E. HENRY STREET
PUNTA GORDA, FL 33950

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	EGLI, JACKY
STREET ADDRESS	894 GARY HILLERY DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VPD
NAME	STARK, ARNOLD
STREET ADDRESS	6305 EUREKA SPRINGS RD.
CITY-ST-ZIP	TAMPA, FL
TITLE	T
NAME	HALPERT, MIRA
STREET ADDRESS	3121 NW 108TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	P
NAME	TAVEL, CAROLYN
STREET ADDRESS	1229 BRYN MAWR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000436771
04/22/06-80020-026 61.25
U000000436771
04/22/06-80020-027 8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn C Tavel 1-28-06 407-841-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #