


**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**

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-NP CR2E037 (11/05)

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**

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE IN THIS SPACE**

U00000496771  
 04/22/06-80020-026 61.25

U00000496771  
 04/22/06-80020-027 8.75

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 Tavel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-06 407-841-2383  
Date Daytime Phone #