

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723113

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

7100 W CAMINO REAL  
SUITE 215  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7100 W CAMINO REAL  
SUITE 215  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 23-7190632      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

EINHORN, CATHY PRES  
101 HARBORS WAY  
BOYNTON BEACH, FL 33435 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HALPERT, MARK  
Address: 3121 NW 108TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: P  
Name: EINHORN, CATHY  
Address: 101 HARBORS WAY  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: D  
Name: EGLI, JACKY  
Address: 894 GARY HILLERY DR  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D  
Name: KING, DALE O  
Address: 500 THREE ISLANDS BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D  
Name: HERNANDEZ, ALINA  
Address: 4807 ALVARADO DRIVE  
City-St-Zip: TAMPA, FL 33634 US

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: CATHY EINHORN

PD

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date