

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751965

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, SOUTHEAST FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

3333 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

3333 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 59-2008883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ELLEN  
3333 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 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: S  
Name: KALCK, KATHY  
Address: 310 NW TREELINE TRACE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D  
Name: JOSEPH, KARP  
Address: 2875 PGA BLVD STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: SUSSMAN, WILLIAM ESQ.  
Address: 10165 SW 71 AVE  
City-St-Zip: PINECREST, FL 33156

Title: CD  
Name: PINEIRO, ENRIQUE  
Address: 13180 SW 21ST STREET  
City-St-Zip: MIAMI, FL 33175

Title: T  
Name: KRUMBOCK, MONIKA  
Address: 6212 FOX RUN CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: VC  
Name: STARMAN, ELLIOTT  
Address: 3640 HERON RIDGE LANE  
City-St-Zip: WESTON, FL 33331

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: ELLEN BROWN

CEO

04/25/2012

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

\_\_\_\_\_  
Date

Southeast Florida Chapter  
24/7 HELPLINE 800.272.3900  
www.alz.org/seflorida

Hobe Sound Office  
Seacoast Bank Building  
11711 SE US Highway 1  
Hobe Sound, FL 33455

Deerfield Office  
North Broward Medical Center  
201 E Sample Road  
Deerfield Beach, FL 33054

Miami Office  
Miami Jewish Health Systems  
5200 NE 2nd Avenue, Ablin Bldg  
Miami, FL 33137

Chapter Headquarters  
West Palm Beach Office  
3333 Forest Hill Boulevard  
West Palm Beach, FL 33406

800.272.3900 p  
772.546.5000 f

800.272.3900 p  
954.786.1538 f

800.272.3900 p  
305.751.5551 f

800.272.3900 p  
561.967.0947 f

751965 alzheimer's association®

April 25, 2012

Florida Department of State  
Division of Corporations  
Fax 850-245-6017

RE: Additional Directors

Document Number 751965

Dear Sirs

Please add the following four Directors to our annual report document #751965. There is only enough room on the online filing to accommodate six Directors and we have twelve. We have filed an amended annual report today confirmation #800231567818

Director  
Debora Thompson  
2401 SE Sistina Street  
Port Saint Lucie, FL 34952

Director  
Samuel J. Ferreri  
6541 Spring Meadow  
Greenacres, FL 33413

Director  
Joyce McLendon  
300 S. Ocean Drive  
Palm Beach, FL 33480

Director  
Joel Levy, D.S.W.  
108 Vizcaya Estates Dr.  
Palm Beach Gardens, FL 33418

4/25/12

S. HAWKES

APR - 2012

EXAMINER

Director  
Dr. Carl H Sadowsky  
4631 N. Congress Ave. Ste. 200  
West Palm Beach, FL 33407

Director  
Phillip D. Mrozinski  
9260 SW 14<sup>th</sup> St. #2507  
Boca Raton, FL 33428

If you have any questions, please contact me at 800-861-7826.

Sincerely,



Grace Grant-Brown  
Chief Operating Officer  
Alzheimer's Association SE Florida Chapter