

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N24490

1. Entity Name
**SOUTH FLORIDA NEUROFIBROMATOSIS ASSOCIATION,
INC.**



Principal Place of Business
**201 EAST SAMPLE RD
POMPANO BCH, FL 33064**

Mailing Address
**201 EAST SAMPLE RD
POMPANO BCH, FL 33064**



01222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0030434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRADY, SANDRA C EDD
3524 N FEDERAL HWY
FT LAUDERDALE, FL 33308**

**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

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	PT
NAME	GRADY, SANDRA C
STREET ADDRESS	3524 N FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	VP
NAME	DE SANTO, RICK
STREET ADDRESS	2601 E OAKLAND PARK BLVD #501
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	S
NAME	KORNGREEN, ANN
STREET ADDRESS	20811 SAN SIMEON WAY
CITY-ST-ZIP	N MIAMI BEACH, FL 33179
TITLE	TD
NAME	DESANTO, DEBORAH
STREET ADDRESS	1161 SW 19 AVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	MURRAY, JOHN N
STREET ADDRESS	1092 SW 12 ROAD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/06-80003-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra C Grady
4/12/06 9545663667

Date

Daytime Phone #