

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723113

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

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC2429188313**

**Current Principal Place of Business:**

7100 W CAMINO REAL  
SUITE 215  
BOCA RATON, FL 33433

**Current Mailing Address:**

7100 W CAMINO REAL  
SUITE 215  
BOCA RATON, FL 33433

**FEI Number:** 23-7190632

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name ALLSOPP, DAVID PHD  
Address 7100 W CAMINO REAL  
SUITE 215  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name SOCKOL, TANYA  
Address 7100 W CAMINO REAL  
SUITE 215  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name WALPERT, ALLICIA  
Address 7100 W CAMINO REAL  
SUITE 215  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name MEYER, MARJORY R  
Address 7100 W CAMINO REAL  
SUITE 215  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name COLEMAN, CHRISTINE  
Address 7100 W CAMINO REAL  
SUITE 215  
City-State-Zip: BOCA RATON FL 33433

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*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

**CO-PRESIDENT**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HALEY, KERI  
Address        7100 W CAMINO REAL  
                 SUITE 215  
City-State-Zip: BOCA RATON FL 33433