

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723113

Entity Name: LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.

FILED
Feb 01, 2013
Secretary of State
CC2946054015

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 EGLI, JACKY
Address 894 GARY HILLERY DR
City-State-Zip: WINTER SPRINGS FL 32708

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

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

PRESIDENT

02/01/2013

Electronic Signature of Signing Officer/Director Detail

Date