

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723113

Entity Name: LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

7777 GLADES RD STE 217
BOCA RATON, FL 33434

FILED
Jan 15, 2021
Secretary of State
1585702993CC

Current Mailing Address:

7777 GLADES RD STE 217
BOCA RATON, FL 33434 US

FEI Number: 47-2424639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EINHORN, CATHERINE D
11392 WINGFOOT DRIVE
BOYNTON BEACH, FL 33437 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: CATHERINE D. EINHORN

01/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DAVIS, MICHELLE
Address 2301 MISSION VALLEY BLVD.
City-State-Zip: NOKOMIS FL 34275

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

Title SECRETARY, DIRECTOR
Name LOCKE, BRIDGET
Address 2133 NW 19TH DR.
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name LOCKE, RANDY
Address 2133 NW 19TH DR.
City-State-Zip: STUART FL 34994

Title PRESIDENT, DIRECTOR
Name EINHORN, CATHY
Address 11392 WINGFOOT DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER, DIRECTOR
Name MAHONEY, ROBERT
Address 7777 GLADES ROAD
SUITE 217
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name KING, TIMOTHY
Address 2749 EXCHANGE COURT
FIRST FLOOR
City-State-Zip: WEST PALM BEACH FL 33409

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: ROBERT F MAHONEY

TREASURER

01/15/2021

Electronic Signature of Signing Officer/Director Detail

Date