

**2020 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

**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

04/15/2020

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 DIRECTOR  
Name CAMPBELL, DEBORAH  
Address 14 DRYPTES COURT WEST  
City-State-Zip: HOMOSASSA FL 34446

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

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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:** ROBERT MAHONEY

DIRECTOR

04/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FOGLE, KERI  
Address         7777 GLADES RD STE 217  
City-State-Zip: BOCA RATON FL 33434