

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731445

Entity Name: THE THOMAS ARMOUR YOUTH BALLE, INC.**Current Principal Place of Business:**5818 SW 73RD STREET
SOUTH MIAMI, FL 33143**Current Mailing Address:**5818 SW 73RD STREET
SOUTH MIAMI, FL 33143 US**FEI Number:** 59-6163957**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIESEN, RUTH A
8021 SW 94 COURT
MIAMI, FLORIDA, FL 33173 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 VICE PRESIDENT/TREASURER
Name EDWARDS, DENNIS
Address 2907 SEMINOLE STREET
City-State-Zip: COCONUT GROVE FL 33133

Title OFF
Name SLOAT, LISA
Address 1 GROVE ISLE #1603
City-State-Zip: COCONUT GROVE FL 33133

Title OFF
Name WILSON, BRUCE
Address 4330 LENNOX DRIVE
City-State-Zip: COCONUT GROVE FL 33133

Title OFF
Name BEASLEY, BRIAN
Address 6755 SW 74 ST
City-State-Zip: MIAMI FL 33143

Title S
Name PERRY, QUASHONE
Address 9925 SW139 STREET
City-State-Zip: MIAMI FL 33176

Title PRESIDENT
Name LEWIS, DANIEL
Address 8901 SW 79TH COURT
City-State-Zip: MIAMI FL 33156

Title OFF
Name YOUNG, MARY LYNN
Address 1021 HARDEE ROAD
City-State-Zip: CORAL GABLES FL 33146

Title OFF
Name ALTMAN, STEPHANIE R
Address 2000 S BAYSHORE DRIVE
VILLA 4
City-State-Zip: MIAMI FL 33133

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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: CAMILA GIL**OTHER****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFF
Name VON GUNDLACH, OLIVER
Address 6755 SW 74 ST
City-State-Zip: MIAMI FL 33143

Title OFFICER
Name CALDERIN , JACQUELINE
Address 501 BRICKELL AVENUE
SUITE 300
City-State-Zip: MIAMI FL 33131

Title OFFICER
Name KAUFMAN, BOBBI
Address 10625 SW 68 AVE
City-State-Zip: MIAMI FL 33156

Title OTHER
Name GIL, CAMILA ANDREA
Address 3057 MARY STREET
UNIT B
City-State-Zip: COCONUT GROVE FL 33133

Title OFF
Name KRAVETZ, LISSE
Address 6487 SW 92ND STREET
City-State-Zip: MIAMI FL 33156

Title OFFICER
Name HILL, CARLA
Address 13525 SW 119 AVE
City-State-Zip: MIAMI FL 33186

Title OFFICER
Name LEWIS , CLAUDIA
Address 393 ARAGON AVE
City-State-Zip: CORAL GABLES FL 33134