

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744681

Entity Name: HABILITATION CENTER FOR THE HANDICAPPED, INC.

Current Principal Place of Business:

22313 BOCA RIO ROAD
BOCA RATON, FL 33433

Current Mailing Address:

22313 BOCA RIO ROAD
BOCA RATON, FL 33433

FEI Number: 59-1859543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIROCCO, ROBERT EXECUTIVE DIRECTOR
22313 BOCA RIO RD
BOCA RATON, FL 33433 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: ROBERT DIROCCO

02/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MILLER BUSCH, KATIE
Address 22313 BOCA RIO ROAD
City-State-Zip: BOCA RATON FL 33433

Title TREASURER
Name CAMBIA, BARBARA
Address 22313 BOCA RIO ROAD
City-State-Zip: BOCA RATON FL 33433

Title EXECUTIVE DIRECTOR
Name DIROCCO, ROBERT
Address 22313 BOCA RIO RD
City-State-Zip: BOCA RATON FL 33433

Title PRESIDENT
Name POLLART, STEVE
Address 22313 BOCA RIO ROAD
City-State-Zip: BOCA RATON FL 33433

Title VP
Name MILLAR, SEPTEMBER
Address 22313 BOCA RIO ROAD
City-State-Zip: BOCA RATON FL 33433

Title ACCOUNTING MANAGER
Name REECE, MALVORY
Address 22313 BOCA RIO ROAD
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: MALVORY REECE

ACCOUNTING MANAGER 02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date