2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2016
Secretary of State
CC3384988038

DOCUMENT# N07000007537

Entity Name: FAMILIES FOR FRAGILE X, INC.

Current Principal Place of Business:

ATTN: PAUL KAPLAN (KW PROPERTY)
8200 NW 33RD STREET, SUITE 300
MIAMI, FL 33122

Current Mailing Address:

ATTN: PAUL KAPLAN (KW PROPERTY)
8200 NW 33RD STREET, SUITE 300
MIAMI, FL 33122

FEI Number: 26-0654462

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KAPLAN, MICHELE M
8200 NW 33RD STREET
SUITE 300
MIAMI, FL 33122 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	DP
Name	KAPLAN, MICHELE M
Address	8200 NW 33RD STREET, SUITE 300
City-State-Zip:	MIAMI FL 33122

Title	D
Name	GRIMMEL, MARC
Address	714 NW 38 AVENUE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DT
Name	KAPLAN, PAUL S
Address	8200 NW 33RD STREET, SUITE 300
City-State-Zip:	MIAMI FL 33122

Title	DVP
Name	CHARTOUNI-DE LA SERN, VANESSA
Address	299 HARBOR DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DS
Name	CHARTOUNI-CALLE, CHRISTINA
Address	340 HARBOR DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D
Name	ROLLNICK, ARI
Address	6545 SW 100 STREET
City-State-Zip:	MIAMI FL 33156

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: CHRISTINA CHARTOUNI-CALLE DS 01/25/2016

Electronic Signature of Signing Officer/Director Detail — Date